

**County Borough of Great Yarmouth**

**REPORT**  
of  
**The Medical Officer  
of Health**  
**The Port Medical Officer**  
and  
**The Principal School  
Medical Officer**  
for the Year  
**1964**





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## HEALTH COMMITTEE

1964 - 1965

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*The Mayor :*

Alderman H. D. McGEE

*Chairman :*

Alderman L. F. BUNNEWELL

*Vice-Chairman :*

Councillor Mrs. F. M. PALMER

*Members :*

Alderman Mrs. K. M. ADLINGTON, J.P.

Councillor A. D. BALDRY

Councillor R. W. BRETT

Councillor A. I. BURRELL

Councillor E. CANHAM

Councillor A. V. CLARE

Councillor P. S. FIELD

Councillor Mrs. E. V. FLEET, J.P.

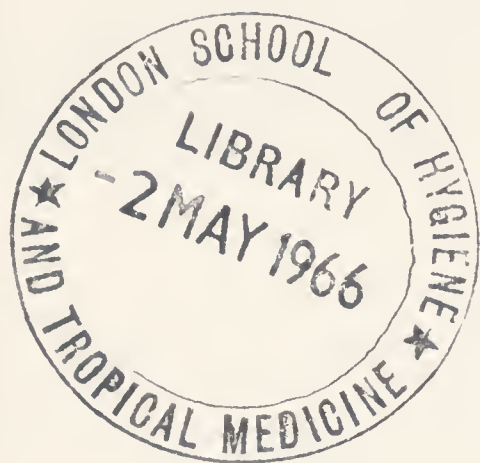
Councillor D. J. MADDEYS

Councillor R. H. PENNEY

Councillor A. E. POWELL



## INTRODUCTION



Health Department,  
Municipal Offices,  
Hall Plain,  
Great Yarmouth.

(Telephone : Great Yarmouth 3233)

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE  
COUNTY BOROUGH OF GREAT YARMOUTH.

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the health of the town and work of the Department for the year 1964.

The general health of the community remained at a satisfactory level, so far as that can be judged from statistics. About three quarters of the deaths were of persons aged 65 and over. Heart disease, cancer and strokes were the main causes of death. It is regrettable that 27 of the deaths were from cancer of the lung, a disease now regarded as being largely preventable.

The national statistics relating to deaths of infants continue to show a steady decline. Local statistics show fluctuations because of the smaller numbers involved. The relevant statistics for the town, which are usually more favourable than the national figures, are this year more in conformity with them.

The incidence of notifiable infectious diseases was again low, and, apart from tuberculosis, no deaths were attributable to them.

### COLD INJURY.

There is an increasing recognition among doctors of the dangers of chilling during cold weather – the so-called accidental hypothermia. The susceptible groups are premature babies, young babies and aged people. The problem is partly economic because of the high cost of adequate heating, but a contributory factor is the spartan tradition in this country of sleeping in unheated bedrooms with “plenty of fresh air”. With the realisation that warm air is less dangerous than cold air, however fresh, the tradition should be abandoned at least for these

groups, and houses where they are accommodated ought to be insulated and adequately warmed even if the expense means sacrificing some luxuries. The Midwives, Health Visitors and Nurses are alive to the condition and are trained and equipped for recognition of its early signs and symptoms, but there is need for wider recognition by the general public of the dangers.

#### CHOLERA AND CRIES.

Edwin Chadwick (1800 - 1890) as Commissioner of the General Board of Health, was one of the great Victorian pioneers of public health reform in this country. Bryan Magee in his book "Towards 2,000", recalling the history of the times in a chapter headed 'Civilising the British' writes :

"The first General Board of Health was set up in 1848 as a department of government, and it encouraged many towns to plan their first sewers and start thinking seriously about providing a pure water supply. In 1858 the first Metropolitan Board of Works began planning London's first modern sewer. But hostility to this kind of public enterprise was deep and violent, regarding it as outrageous interference by political authority. A Times leader declared: 'We prefer to take our chance of cholera and the rest than to be bullied into health. England wants to be clean, but not cleaned by Chadwick'. This obscurantist attitude on the part of many still managed to survive the terrible outbreaks of cholera that took place in 1831-1832, 1848-1849 and 1854. In 1861 Albert, the Prince Consort, died at the age of forty-two of typhoid fever caused by the contaminated water supply in Windsor Castle — where there were found, on examination, to be fifty-two overflowing cesspools".

Fluoridation as a contribution towards the prevention of dental caries has reached about the same stage in its history as did sewers as a contribution towards the prevention of cholera in 1858. Future generations will read the anti-fluoride propaganda with the same amazement as we today read the anti-sewer, the anti-vaccination, the anti-immunisation and the anti-pasteurisation propaganda of earlier days. There seems to be something about new public health measures which stimulates the formation of militant opposition groups with clever propagandists to guide them. The pity is that during the period of their temporary success thousands of people are deprived of the benefits of the progress of preventive medicine. May the period for the anti-fluoride group be short.

#### STAFF.

Mr. F. R. Parmenter, the Chief Public Health Inspector, died in January at the age of 57, after a long illness. He joined the Health Department in 1921 and devoted the remaining 43 years of his life to the Council's service. After being Deputy Chief Public Health Inspector for five years he was appointed Chief in January 1953.

His technical ability was combined with a balanced and understanding approach to his duties which he carried out efficiently and without fear or favour. He had a thorough knowledge of the town and of the needs of the townsfolk which was invaluable to his colleagues and to the Council. He will be remembered as a good and faithful servant.



#### ACKNOWLEDGEMENTS.

The staff have remained in good heart throughout the year and this derives to a great extent from the confidence placed in them by the Health Committee and the Council. I wish to express my thanks to you for the support you give them.

I am, Your Worship, Ladies and Gentlemen,

Your obedient servant,

K. J. GRANT,

*Medical Officer of Health.*

COUNTY BOROUGH OF GREAT YARMOUTH  
**STAFF OF THE HEALTH DEPARTMENT**  
1964

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*Medical Officer of Health*

K. J. GRANT, O.B.E., M.A., M.B., CH.B., D.P.H.

*Deputy Medical Officer of Health*

R. G. NEWBERRY, M.B., B.S., D.P.H.

*Assistant Medical Officers of Health*

M. R. McCLINTOCK, M.R.C.S., M.R.C.O.G.

C. R. COUPLAND, M.B., CH.B., D.R.C.O.G. (part-time)

*Senior Dental Officer*

B. C. CLAY, L.D.S., R.C.S.

*Assistant Dental Officer*

K. L. HARRIES, L.D.S., R.F.P.S.

*Chest Physician (Part-time)*

I. M. YOUNG, M.B., CH.B.

*Public Analyst (Part-time)*

E. C. WOOD, PH.D., A.R.C.S., F.R.I.C.

*Chief Public Health Inspector*

\*†F. R. PARMENTER (to 28.1.64)

\*†F. T. PORTER (from 4.3.64)

*Deputy Chief Public Health Inspector*

\*†R. COLEMAN (from 10.6.64)

*District Public Health Inspectors*

\*L. V. BAILEY

\*†A. L. BURT (to 3.8.64)

\*T. L. ARMITT

\*M. H. STOREY (to 28.2.64)

\*K. STEELE (from 28.4.64)

\*†B. D. WILDMAN (from 1.5.64)

\*Certificate of the Royal Sanitary Institute and  
Sanitary Inspectors' Examination Joint Board.

†Certificate of the Royal Sanitary Institute for  
Inspector of Meat and Other Foods.

*Pests Officer*

A. O. SCOTT

*Superintendent Nursing Officer*

MISS G. C. MOORE, S.R.N., S.C.M., Q.N., H.V.CERT.

*Senior Midwife*

MRS. W. DONALDSON, S.R.N., S.C.M.

*Midwives*

MISS E. GLUCKSMANN, S.C.M.

MRS. A. KLEPPE, S.C.M.

MISS M. KNIGHTS, S.R.N., S.C.M.

MRS. M. E. CATON, S.E.N., S.C.M.

MRS. C. THOMSON, S.C.M.

MRS. H. M. KEITH, S.E.N., S.C.M.

MISS C. P. LITTLEWOOD, S.R.N., S.C.M.

MRS. W. GREEN, S.R.N., S.C.M. (from 27.4.64)

*Health Visitors*

MRS. E. BURNELL, S.R.N., S.C.M., H.V.CERT.

MISS M. WHITMORE, S.R.N., S.C.M., H.V.CERT.

MISS J. L. BEALES, S.R.N., S.C.M., H.V.CERT.

MISS D. M. CHASE, S.R.N., S.C.M., H.V.CERT.

MRS. S. D. RENGERT, S.R.N., H.V.CERT. (to 5.4.64)

MRS. B. I. EVERITT, S.R.N., S.C.M., M.T.D., H.V.CERT.

MISS M. B. CLYNE, S.R.N., H.V.CERT (part-time)

(from 24.3.64 to 30.10.64)

*Tuberculosis Health Visitor (Part-time)*

MISS R. V. STILES, S.R.N., H.V.CERT.

*Senior Nurse*

MRS. M. E. GARDINER, S.R.N.

*Home Nurses*

MISS N. BISHOP, S.E.N.

MRS. K. ELLIS-SMITH, S.E.N.

MISS. I. GILLINGS, S.E.N.

MRS. C. E. GOMPERTZ, S.R.N.

MISS L. LEWIS, S.R.N., R.F.N. (to 22.10.64)

MRS. E. M. PUGH, S.R.N.

MRS. I. COOKE, S.R.N.

MRS. J. JARY, S.R.N., Q.N. (to 30.4.64)

MRS. P. R. BROWN, S.R.N. (from 20.5.64)

MRS. S. J. REED, S.R.N. (from 1.5.64)

*Mental Welfare Officers*

MISS A. BENSON

G. E. SKIPPER (part-time)

J. WOODCOCK (part-time)

*Assistant Domestic Help Organiser*

MISS B. PAGE

*Ambulance Officer*

J. DERRY

*Chief Clerk*

A. G. SHOBRIDGE

## STATISTICS

Population—Census 1961	...	...	...	52,970
Population—1964 (estimated by Registrar-General, mid-year)				52,720
Area of the Borough including all inland waters (acres)	...			4,533
Area of land not covered by water (acres)	...	...		3,689
No. of persons per acre	...	...	...	14.4
Rateable value (1st April 1964)	...	...	...	£2,257,613
Product of a penny rate 1964-5	...	...	...	£9,251

\* \* \*

Live Births.				Males	Females	Total
Legitimate	...	...	...	372	345	717
Illegitimate	...	...	...	39	33	72
				<hr/>	<hr/>	<hr/>
				411	378	789

Crude live birth rate per 1,000 population	...	...	14.97
Adjusted birth rate (area comparability factor 1.08)		...	16.17
Illegitimate live births per cent of total live births		...	9.12

### Stillbirths :—

Number	...	...	...	15
Rate per 1,000 total live and still births	...	...	...	18.65
Total live and still births	...	...	...	804
Infant deaths (deaths under 1 year)		...	...	18

### Infant mortality rates :—

Total infant deaths per 1,000 total live births	...	22.81
Legitimate infant deaths per 1,000 legitimate live births		20.92
Illegitimate infant deaths per 1,000 illegitimate live births		41.66
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	13.94
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	10.14
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	...	28.61

### Maternal mortality (including abortion) :—

Number of deaths	...	...	...	1
Rate per 1,000 total live and stillbirths	...	...	...	1.24

\* \* \*

				Males	Females	Total
Deaths	...	...	...	365	333	698
Crude death rate per 1,000 population			...			13.23
Adjusted death rate (area comparability factor 0.84)			...			11.12



## METEOROLOGY

Temperatures during the early part of the year were generally higher than last year and the improvement continued into the Spring. May was in fact the sunniest month of the year with a mean daily sunshine rate of eight hours. The summer months June to September provided good spells of sunshine and the total sunshine for this period was better than for any year since the exceptional summer of 1959. A fairly mild autumn followed without frosts until December. Total rainfall was 22.8 inches, which was 2.9 inches above last year's figure. Wettest months were October and December, but January, with only 0.1 of an inch, had the lowest rainfall recorded for this month since records were started by the Registrar-General in 1953.

The following table, based on statistics included in the Registrar-General's weekly returns for England and Wales, gives some particulars of the readings taken at the Gorleston Meteorological Station.

Month	Temperature of the Air				Rainfall in inches	Sunshine	
	Highest	Lowest	Mean Maxi- mum	Mean Mini- mum		Mean Daily	Mean length of day
	°F	°F	°F	°F		hours	hours
January	47	28	40.0	34.0	0.1	1.6	8.1
February	55	30	43.7	36.4	1.2	2.3	9.8
March	48	31	40.4	35.4	2.2	1.7	12.0
April	60	32	49.4	40.3	1.9	3.8	13.8
May	73	42	60.9	48.0	2.1	8.0	15.7
June	72	42	62.7	51.5	3.3	6.0	16.7
July	79	44	67.0	54.0	1.1	7.6	16.2
August	81	44	68.3	55.9	2.5	6.3	14.7
September	77	43	65.6	52.6	0.3	6.2	12.6
October	70	36	55.4	44.3	3.6	4.5	10.5
November	58	33	51.2	44.5	0.9	2.5	8.5
December	57	28	43.8	37.3	3.6	1.5	7.6

## POPULATION

The estimated mid-year population as given by the Registrar-General for statistical purposes was 52,720. This is 50 more than last year's estimate, but 250 less than the 1961 Census figure. The excess of births over deaths – the natural increase – was 91. The table on page 15 shows population figures for previous years.



## MARRIAGES

There were 924 persons married during the year, an increase of 12 over last year's figure.

## BIRTHS

### LIVE BIRTHS.

The number of registered live births was 789 (411 males and 378 females), which gives a rate of 16.2 per 1,000 population. This rate is only 0.5 below last year's exceptionally high rate. The provisional national rate of 18.4 per 1,000 live births is the highest rate for 17 years. There were 72 illegitimate births, 11 less than last year, and the illegitimacy rate was 91 per 1,000 live births, as against 101 last year. The national rate was 72.

### STILLBIRTHS.

There were 15 stillbirths, 3 more than last year. The local rate of 18.6 per 1,000 total live and stillbirths was higher than the provisional national rate of 16.4 – the lowest ever recorded.

### DOMICILIARY BIRTHS.

There were 459 babies born at home. This gives a rate of 54% for domiciliary births. The national rate for 1964 is estimated at 30%.

## MORTALITY

The number of deaths from all causes, after adjustment for inward and outward transfers, was 698 (365 males and 333 females). This total is 113 less than last year's unusually high figure, but is above the average of 671 over the ten years from 1953. The adjusted death rate of 11.1 per 1,000 population is close to the national rate of 11.3, which was the lowest for ten years.

The following table shows deaths analysed in age and sex groups and the table on page 16 gives particulars of causes of death at different age groups.

Sex Incidence and Percentage of Deaths in Age Groups										
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	1964 Total	1963 Total
Males	6	2	3	4	9	85	102	154	365	405
Females	12	—	—	7	5	46	62	201	333	406
Total	18	2	3	11	14	131	164	355	698	811
% of total	2.6	0.3	0.4	1.6	2.0	18.8	23.5	50.8		

It will be noted that about three quarters (74.3%) of the total deaths occurred in the age group 65 and over. Heart disease, cancer and vascular lesions of the central nervous system together accounted for seven out of every ten deaths (69.6%). The table below shows the number of deaths in each of these categories, the rates per thousand population and the percentage of total deaths for the past two years.

Cause of death	1964			1963		
	Number of deaths	Rate per 1,000 population	Percentage of total deaths	Number of deaths	Rate per 1,000 population	Percentage of total deaths
Heart disease—						
all forms	260	4.93	37.24	279	5.29	34.40
Cancer—						
all forms	128	2.42	18.33	174	3.30	21.45
Vascular lesions of central nervous system	98	1.85	14.04	108	2.05	13.31

Of the 260 deaths from heart disease, 206 (79%) were of persons aged 65 and over. Cancer was responsible for 128 deaths, of which 27 (24 males and 3 females) were from cancer of the lung or bronchus. There were two deaths from respiratory tuberculosis, one of a male aged 71 years and one of a female aged 79 years. One female aged 67 years died from non-pulmonary tuberculosis.

INFANT MORTALITY.

Deaths of infants under one year of age numbered 18 (6 males and 12 females). This was an increase of one on last year and gave an infant mortality rate of 22.8 per 1,000 live births. The national rate of 19.9 per 1,000 live births was the lowest ever recorded and this is the first year since 1955 when the local rate was higher.

NEONATAL MORTALITY.

Of the 18 infant deaths referred to in the previous section 11 occurred within the first four weeks of life and were thus in the neonatal group. This resulted in a neonatal death rate of 13.9 per 1,000 live births, whilst the national rate of 13.8 was the lowest ever recorded. The causes of death were :—

Prematurity	4
Haemolytic disease of the newborn	2
Congenital defects	1
Cerebral haemorrhage	3
Open verdict	1
	—
	11
	—

#### PERINATAL MORTALITY.

This is a term used to describe the combination of stillbirths with deaths occurring during the first week of life. There were 8 infant deaths in this period and 15 stillbirths, and the perinatal mortality rate was thus 28.6 per 1,000 total live and stillbirths. The rate for England and Wales was 28.2, the lowest ever recorded.

#### MATERNAL MORTALITY

There was one death due to maternal causes. The local rate was 1.24 per 1,000 total live and stillbirths and the provisional national rate of 0.25 was the lowest ever recorded.



# VITAL STATISTICS

GREAT YARMOUTH COMPARED WITH ENGLAND AND WALES

Year	Population	LIVE BIRTHS			DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY			STILLBIRTHS			PERINATAL MORTALITY		
		Number	Rate per 1,000 population		Number	Rate per 1,000 population		Number	Rate per 1,000 live births		Number	Rate per 1,000 live births		Number	Rate per 1,000 total live and stillbirths		Number	Rate per 1,000 total live and stillbirths	
		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales	
1931†	56,769	844	14.8	15.8	742	10.9	12.3	49	58.1	66	19	22.5	30.3	31	35.4	41	No figures available		
1946	43,370	1,048	24.2*	19.2	634	14.6*	11.5	30	28.6	42.9	13	12.4	24.5	43	39.4	27.2	51	46.7	44.3
1947	47,410	1,078	22.7*	20.5	631	13.3*	12.3	35	32.5	41.4	20	18.6	22.7	32	28.8	24.1	50	45.0	40.3
1948	50,140	951	19.0*	17.8	630	12.6*	10.8	31	32.6	33.9	12	12.6	19.7	22	22.6	23.2	34	35.0	38.5
1949	50,460	813	16.1*	16.7	644	11.5	11.7	28	34.4	32.4	20	24.6	19.3	24	28.7	22.7	41	49.0	38.0
1950	51,310	771	15.2	15.8	641	11.1	11.6	22	28.5	29.6	11	14.3	18.5	27	33.8	22.6	39	49.0	37.4
1951†	51,105	729	14.4	15.4	767	13.4	12.5	22	30.2	29.7	14	19.2	18.8	15	20.2	23.1	27	36.3	38.2
1952	50,900	739	14.7	15.3	629	11.0	11.3	12	16.2	27.6	11	14.9	18.3	18	23.8	22.7	27	35.7	37.5
1953	51,300	715	14.1	15.4	669	11.6	11.4	15	21.0	26.8	9	12.6	17.7	18	24.6	22.5	27	36.8	36.9
1954	51,550	782	15.6	15.2	638	10.8	11.3	21	26.9	25.5	12	15.4	17.7	14	17.6	24.0	23	31.4	38.1
1955	51,600	696	13.9	15.0	678	11.4	11.7	23	33.1	24.9	15	21.6	17.3	14	19.7	23.1	28	39.4	37.4
1956	51,500	738	14.8	15.7	656	11.9	11.7	17	23.0	23.8	14	19.0	16.9	21	27.7	23.0	32	44.8	36.7
1957	51,500	746	14.8	16.1	657	11.9	11.5	16	21.5	23.0	10	13.4	16.5	16	21.0	22.4	25	32.8	36.2
1958	51,400	704	13.9	16.4	660	11.5	11.7	13	18.4	22.6	11	15.6	16.2	17	23.5	21.6	25	34.7	35.1
1959	51,300	740	14.7	16.5	722	12.6	11.6	12	16.2	22.2	7	9.4	15.8	15	19.8	21.0	21	27.8	34.2
1960	51,500	769	15.2	17.1	682	11.6	11.5	13	16.9	21.9	8	10.4	15.6	14	17.8	19.7	21	26.8	32.9
1961†	52,970	766	14.8	17.4	697	11.5	12.0	13	16.9	21.6	9	11.7	15.5	17	21.7	19.1	24	30.6	32.2
1962	52,450	799	15.5	18.0	658	10.5	11.9	12	15.0	21.6	12	15.0	15.1	13	16.0	18.1	25	30.8	30.8
1963	52,670	815	16.7	18.2	811	12.9	12.2	17	20.8	21.1	10	12.3	14.2	12	14.5	17.2	21	25.4	29.3
1964	52,720	789	16.2	18.4	698	11.1	11.3	18	22.8	19.9	11	13.9	13.8	15	18.6	16.3	23	28.6	28.2

\* Crude rate.

† Census Years.

COUNTY BOROUGH OF GREAT YARMOUTH.  
CAUSES OF DEATH BY SEX AND AGE GROUP.  
1964.

Cause of death	Males	Females	Age Groups								All ages 1964
			Under 1 year	1 year and under 5 years	5 years and under 15 years	15 years and under 25 years	25 years and under 45 years	45 years and under 65 years	65 years and under 75 years	75 years and over	
Tuberculosis, respiratory ...	1	1	—	—	—	—	—	—	1	1	2
Tuberculosis, other ...	—	1	—	—	—	—	—	—	1	—	1
Syphilitic disease ...	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	—	1	—	—	—	—	1	—	—	—	1
Malignant neoplasm, stomach	6	4	—	—	—	—	—	1	4	5	10
Malignant neoplasm, lung, bronchus ...	24	3	—	—	—	—	—	10	14	3	27
Malignant neoplasm, breast	—	18	—	—	—	—	—	7	4	7	18
Malignant neoplasm, uterus	—	7	—	—	—	—	—	3	1	3	7
Other malignant and lymphatic neoplasms ...	31	32	—	1	1	3	2	14	17	25	63
Leukæmia, aleukæmia ...	1	2	—	—	—	1	—	1	—	1	3
Diabetes ...	5	1	—	—	—	—	—	1	2	3	6
Vascular lesions of nervous system ...	40	58	—	—	—	—	1	8	24	65	98
Coronary disease, angina ...	89	60	—	—	—	—	6	39	40	64	149
Hypertension with heart disease	6	7	—	—	—	—	—	2	6	5	13
Other heart disease ...	49	49	—	—	—	1	—	6	13	78	98
Other circulatory disease ...	17	23	—	—	—	—	1	2	2	35	40
Influenza ...	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	18	11	5	—	—	1	—	7	5	11	29
Bronchitis ...	26	—	—	—	—	—	—	10	9	7	26
Other diseases of respiratory system ...	—	3	—	—	—	—	—	2	—	1	3
Ulcer of stomach and duodenum ...	2	—	—	—	—	—	—	1	1	—	2
Gastritis, enteritis and diarrhœa	1	5	—	—	—	—	—	1	4	1	6
Nephritis and nephrosis ...	2	1	—	—	—	—	—	1	1	1	3
Hyperplasia of prostate ...	9	—	—	—	—	—	—	1	1	7	9
Pregnancy, childbirth, abortion	—	1	—	—	—	—	1	—	—	—	1
Congenital malformations	3	2	3	—	—	1	—	1	—	—	5
Other defined and ill-defined diseases ...	22	29	8	1	1	1	1	7	10	22	51
Motor vehicle accidents ...	6	5	—	—	1	3	1	2	2	2	11
All other accidents ...	5	8	2	—	—	—	—	1	2	8	13
Suicide ...	2	1	—	—	—	—	—	3	—	—	3
Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—	—
<b>ALL CAUSES ...</b>	<b>365</b>	<b>333</b>	<b>18</b>	<b>2</b>	<b>3</b>	<b>11</b>	<b>14</b>	<b>131</b>	<b>164</b>	<b>355</b>	<b>698</b>

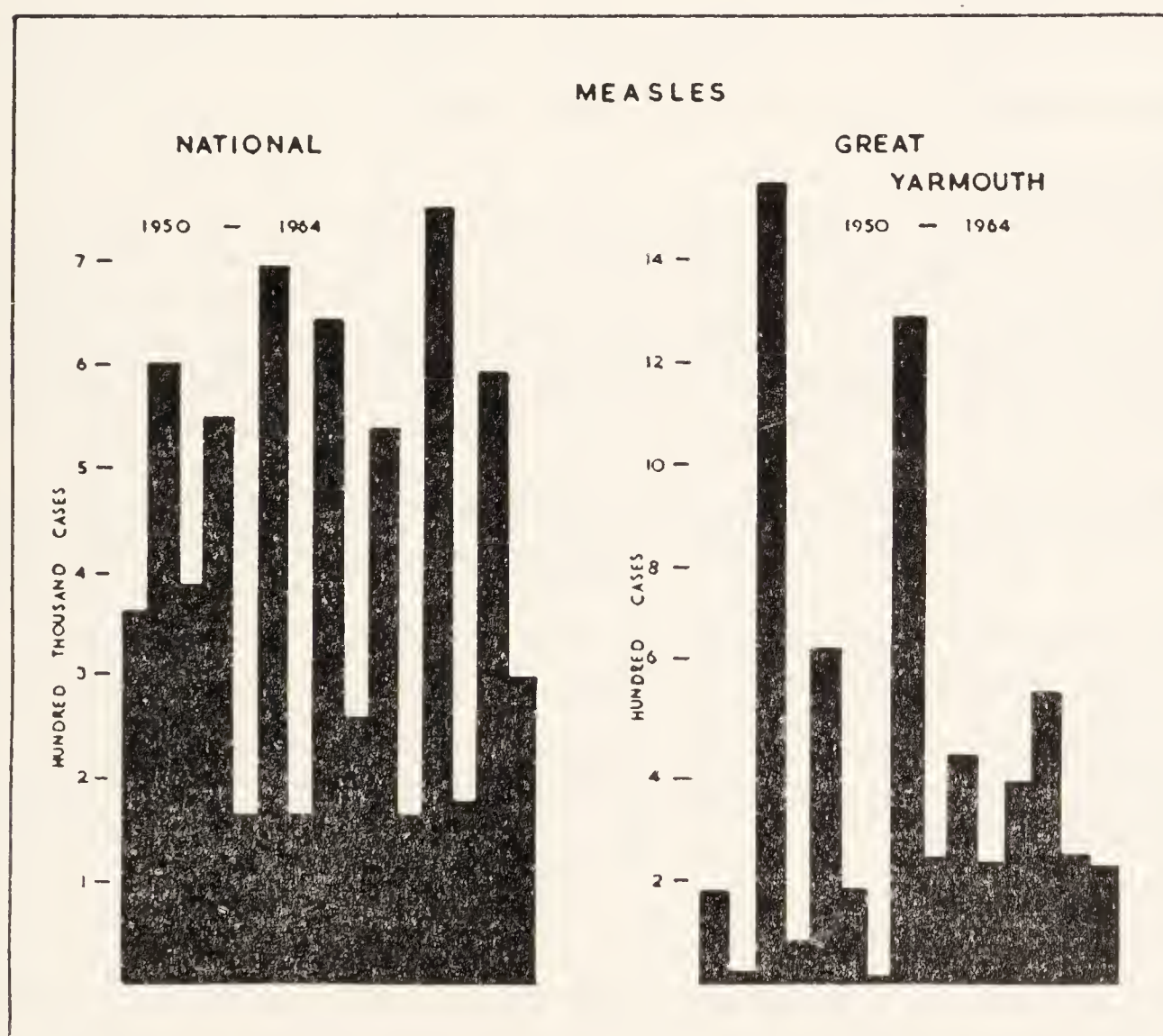


## INFECTIOUS DISEASES

The incidence of notifiable diseases was again low. The table on page 20 gives in age groups the number of notifications received.

### MEASLES.

Measles, taking the national figures as a whole, shows a characteristic pattern of large and small epidemics in alternate years. I have had occasion in the past to comment on the fact that Great Yarmouth had fallen out of step, and an analysis of the figures for the last fifteen years shows that, during this period, there has been no definite pattern of the disease locally. It is interesting to speculate on whether this is in any way related to the relative isolation of Great Yarmouth from the rest of the country. The diagrams following illustrate the difference between the national and local figures. The national diagram shows the characteristic pattern of alternating large and small epidemics, whilst the Great Yarmouth diagram is haphazard. Since 1950 there have, in fact, been only two "epidemics" of measles, in 1952 and in 1957, and these followed years during which the disease was rare: 1951, during which there were 26 cases notified, and 1956, during which 8 cases only were notified.



INFECTIVE HEPATITIS.

Only two cases were notified in 1963 and as it was thought that this might be less than the true incidence a circular was sent to general practitioners reminding them that the disease is notifiable. However, only eight cases were notified in 1964.

FOOD POISONING.

There was one formal notification of food poisoning. This was probably associated with ham which had been kept in a private house without adequate precautions. The history and symptoms suggested that the causative agent was staphylococcal toxin.

TUBERCULOSIS.

The number of cases on the Tuberculosis Register at the end of 1964 was 357 compared with 364 at the end of 1963. They were classified as follows :—

	Male	Female	Total
Pulmonary	167	173	340
Non-pulmonary	8	9	17
Total	175	182	357

*New Cases.*

The number of cases which came to notice was 21, of which 15 were formal notifications and 6 transfers from other areas. The number of notifications gives a notification rate for all forms of the disease of 0.28 per thousand population, compared with 0.27 in 1963. The following table gives an analysis of the notifications by age and sex.

	0 -	1 -	2 -	5 -	10 -	15 -	20 -	25 -	35 -	45 -	55 -	65 -	75 +	Total
Pulmonary														
Males	—	—	—	—	—	—	1	—	2	1	—	—	—	4
Females	—	—	—	—	—	2	—	3	1	2	—	1	—	9
Non-Pulmonary														
Male	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Female	—	—	—	—	—	—	—	—	—	—	—	1	—	1

More detail with regard to new cases is given in the section of the report which deals with the prevention of illness, care and after-care.



The numbers of notifications and deaths from all forms of the disease, with resultant rates per 1,000 population for each year since 1950 are given in the following table :—

Year	No. of formal notifications		Notification rate		No. of deaths		Death rate	
	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary
1950	55	8	1.07	0.15	17	2	0.33	0.04
1951	37	4	0.72	0.07	15	3	0.29	0.06
1952	43	8	0.84	0.15	13	1	0.25	0.02
1953	25	5	0.49	0.10	5	—	0.09	—
1954	28	10	0.54	0.19	5	1	0.10	0.02
1955	21	4	0.41	0.08	12	3	0.20	0.05
1956	27	2	0.52	0.04	4	2	0.08	0.04
1957	17	—	0.33	—	7	2	0.13	0.04
1958	24	1	0.46	0.02	4	—	0.08	—
1959	19	1	0.37	0.02	3	—	0.06	—
1960	7	4	0.13	0.08	6	1	0.12	0.02
1961	12	1	0.22	0.01	—	—	—	—
1962	6	3	0.11	0.05	3	—	0.05	—
1963	13	1	0.25	0.02	3	—	0.06	—
1964	13	2	0.22	0.04	2	1	0.04	0.02

#### VENEREAL DISEASES.

The following figures are extracted from the quarterly statistical tables provided by the Consultant :—

Of the patients attending the clinic for the first time 1 was diagnosed as suffering from syphilis involving the nervous system and 2 had late or latent manifestations of the disease.

The number of new cases of gonorrhoea decreased by one to twenty-nine, of which twenty-two were male and seven female.

Of the 88 other patients attending the clinic for the first time, 52 required no treatment, 13 were suffering from non-gonococcal urethritis and 23 received other forms of treatment.

# NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS

	Age groups										Total 1964	Total 1963
	0 -	1 -	3 -	5 -	10 -	15 -	25 -	45 -	65 +	Un- known		
Scarlet fever	—	1	4	14	2	2	—	—	—	—	23	—
Whooping cough	6	2	1	5	—	—	—	—	—	—	14	18
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Measles	7	57	71	76	2	1	—	—	—	—	214	232
Pneumonia	—	—	—	—	—	—	1	—	—	—	1	3
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis												
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Acute encephalitis												
Infective	—	—	—	—	—	—	—	—	—	—	—	—
Post infectious	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	1	—	—	—	—	—	—	—	—	—	1	—
Puerperal pyrexia	—	—	—	—	—	—	1	—	—	—	1	3
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—
Enteric fever	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	—	—	—	—	—	—	—	1	—	—	1	4
Erysipelas	—	—	—	—	—	—	—	1	—	—	1	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—
Infective hepatitis	—	—	—	—	2	3	1	2	—	—	8	2
Ttotal	14	60	76	95	6	6	3	4	—	—	264	262

# NATIONAL HEALTH SERVICE ACT, 1946

## CARE OF MOTHERS AND YOUNG CHILDREN

### ANTE-NATAL AND POST-NATAL CARE.

Midwives undertake ante-natal and post-natal care either in clinics or in the patients' homes as part of their routine duties. Two clinic sessions are held weekly, one on Monday afternoons at Yarmouth and one on Tuesday afternoons at Gorleston. At medical level the work is the responsibility of the general practitioner and virtually none of it now devolves on the medical staff of the department.

### PARENTCRAFT AND RELAXATION CLASSES.

These classes remain popular and are a most useful channel of instruction for mothers having their first baby. Each "course" consists of seven evening sessions and includes lectures, films and demonstrations. Films have become a regular feature and one dealing with the birth of a baby attracted an attendance of 80, including 15 fathers. The total number of mothers who attended the classes was 262 and 60 of these were hospital cases. The total number of attendances was 1,205.

### MATERNITY OUTFITS.

These were provided free of charge for mothers having their babies at home. If mothers were transferred to hospital owing to an emergency or under the early discharge scheme, a large pack was exchanged for a smaller one. A total of 638 packs were issued during the year.

### THE "AT RISK" REGISTER.

The "At Risk" Register compiled in the department was maintained. Its purpose is to identify at the earliest possible stage infants who are at risk of developing handicapping conditions with a view to ensuring that they obtain special supervision and if necessary prompt treatment. The conditions which cause a child to be "at risk" were mentioned in last year's report.

All Midwives, both in hospital and domiciliary practice were asked to provide information on the notification of birth cards, and in order that the information should be kept confidential, sealable envelopes were provided. Health Visitors have also been advised of the conditions to look for and they compile the Register with the advice, where necessary, of the clinic medical officer or general practitioner. It is reviewed periodically and the names of children who are developing normally are removed. At the end of the year there were 142 on the Register.



## CONGENITAL ABNORMALITIES.

At the request of the Ministry of Health a scheme was introduced at the beginning of the year for ascertaining and reporting to the General Register Office all congenital defects apparent at birth. The information was obtained through the notification of birth cards filled in by the midwives with the advice, where required, of the general practitioner or hospital consultant. As mentioned above, sealable envelopes were provided for the despatch of the cards. The following table shows details of the 24 abnormalities reported to the General Register Office :—

Talipes	8
Hare lip and cleft palate	4
Multiple abnormalities	2
Cerebral lesion	2
Congenital dislocation of the hip	2
Mongols	2
Congenital heart disease	2
Other abnormalities	2
	—
	24
	—

Congenital dislocation of the hip is now regarded as a preventable condition. Susceptibility to it can be diagnosed by a “click” test and preventive measures can then be instituted. In 1963 all Health Visitors and Midwives were trained in carrying out the test and it is now applied to all babies born in the area. All suspicious cases are referred to the general practitioner or to the Orthopaedic Surgeon.

## PREMATURE BABIES.

The care of premature babies has been the responsibility of the Paediatric Health Visitor as previously reported. She visits the homes of babies born in hospital before they are discharged to ensure that facilities for their care, especially the heating of the house, are adequate and she continues to visit until she is satisfied that the mother has sufficient confidence to manage on her own. The table on page 27 gives details of premature births and it is noteworthy that, of the 61 premature babies, only 10 were nursed entirely at home.

## PREVENTION OF COLD INJURY.

The need for the protection of premature babies against chilling is fairly generally known, but it is not so widely recognised that normal full time babies are also susceptible to “cold injury” during the first few weeks of life before their own heat regulating mechanism comes into full operation. Midwives on the staff are aware of the danger and carry as part of their equipment wall thermometers to check room temperatures and also low reading clinical thermometers to detect any evidence of chilling before injury occurs.

CHILD WELFARE CLINICS.

Child Welfare Clinics were held as follows :—

Great Yarmouth Clinic	— Tuesday, Thursday and Friday, 2.30 p.m. to 4.30 p.m.
Gorleston Clinic	— Monday and Friday, 2.30 p.m. to 4.30 p.m.
Magdalen Clinic (Methodist Church Hall, Gorleston)	— Wednesday, 2.30 p.m. to 4.30 p.m.

The clinics held on Friday afternoons in Great Yarmouth provide facilities for vaccination and immunisation each week.

The following table shows the number of children in their age groups who attended the clinics :—

Clinic	1964	Children attended during the year		
		Born in		
		1963	1962/59	Total
Great Yarmouth	291	306	299	896
Gorleston	223	264	386	873
Magdalen	108	156	99	363
Total	622	726	784	2132

The following table shows the number of attendances during the year in age groups :—

Clinic	Attendances during the year		
	Under one year of age	1 - 5 years	Total number of attendances
Great Yarmouth	7337	2258	9595
Gorleston	4131	1989	6120
Magdalen	2319	559	2878
Total	13787	4806	18593

The following Ministry of Health table gives further details about the Clinics :—

Number of sessions held by				Total number of sessions in columns 1 - 4	Number of children referred elsewhere	Number of children on "At Risk" Register at end of year
Medical Officers	Health Visitors	GP's employed on a sessional basis	Hospital medical staff			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
208	98	—	—	306	24	142

The number of attendances at the clinics increased by 385 to 18,593. There has been a yearly increase since 1958.

#### WELFARE FOODS.

Welfare foods (national dried milk, orange juice, cod liver oil, vitamin tablets) were distributed from the clinics as listed above and at the times stated. There are no other distribution centres in the town.

The following table gives particulars of the number of items sold :—

Quarter ended	Tins National Dried Milk	Bottles Cod Liver Oil	Packets Vitamin Tablets	Bottles Orange Juice
28.3.64	2208	234	247	2896
27.6.64	1896	162	252	3391
26.9.64	2101	139	250	3719
26.12.64	1863	263	244	2933
Total	8068	798	993	12939
Total 1963	10026	880	987	11841

#### CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

There is close co-operation between the Health Department and St. Paul's Lodge, the Mother and Baby Home run by the Norwich Diocesan Council for Social Work, to which the Corporation makes a grant. The Superintendent, Mrs. Shaw, retired in the late summer and a Church Army Sister who has been dealing with the problems of the unmarried mother for over twenty years, replaced her.

The policy of the Home now is more flexible about allowing the girls to leave the Home earlier after their confinements and the majority leave at the end of a month and only a few remain for the full six weeks. During the year 44 mothers passed through the Home and of those 38 were aged 21 and under, and 15 were under 17 years of age.



The Superintendent, as outside worker, dealt with the problems of 35 mothers and their babies. Of these 9 were aged 17 and under.

The Authority accepted financial responsibility for three mothers who were admitted to the local Mother and Baby Home and for three who were sent to homes outside the area.

#### FAMILY PLANNING.

The clinics were conducted by the local branch of the Family Planning Association in the Authority's premises as in previous years. In March it was agreed that the Association could use Gorleston Clinic for weekly sessions on Thursdays instead of fortnightly as previously. The figures supplied by the Branch for the past year are as follows :—

	Great Yarmouth	Gorleston
Number of sessions held	49	36
Number of new patients attended	191	68
Total number of people who sought help	512	191
Total number of visits paid	1630	481

#### DENTAL CARE.

The Senior Dental Officer reports as follows :—

During the year 1964 the co-operation of the Health Visitors and Nurses has again been helpful in maintaining the standard of dental service for expectant and nursing mothers. There was a fall in the recorded numbers of mothers needing treatment but it is known that this group of patients are responding to the dissemination of dental health propaganda at clinics and elsewhere and are availing themselves of the services of general dental practitioners. Among the mothers who did attend, the figures are satisfactory in that they show a considerable increase in the number of fillings and a decrease in the number of extractions.

The amount of dental treatment undertaken for the pre-school children shows an increase over the last year with a high percentage of those treated being made dentally fit.

The following tables give an account of the work done. Table (a) has been modified to conform with an alteration made by the Ministry in 1963 to the annual return and for this reason contains only the figures for the last two years, not for five years as in previous reports. The apparent discrepancy in table (a) between the number who commenced treatment and the number of courses of treatment completed in columns (3) and (5) is explained by the carrying over of cases from the previous year and by the fact that some patients had more than one course of treatment during the year.

(a) Numbers provided with dental care :—

	Number of persons examined during the year	Number found in need of treatment	Number of persons who commenced treatment during the year	% of those needing treatment who were treated	Number of courses of treatment completed during the year
	(1)	(2)	(3)	(4)	(5)
Expectant and nursing mothers :					
1963	87	71	66	93.0	34
1964	65	46	41	89.2	71
Children under five :					
1963	345	167	145	86.8	140
1964	423	227	216	95.2	226

(b) Forms of dental treatment provided :—

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns and inlays	Extractions	General anaesthetics	Dentures provided		
	(1)	(2)	(3)	(4)	(5)	(6)	Full upper or lower	Partial upper or lower	Radiographs
Expectant and nursing mothers :									
1960	28	67	7	—	103	28	11	16	7
1961	41	57	4	—	146	27	13	13	7
1962	10	48	—	—	94	18	4	17	6
1963	29	29	8	—	134	28	10	21	12
1964	27	62	—	1	61	11	10	9	5
Children under five :									
1960	—	87	180	—	165	77	—	—	—
1961	3	83	146	—	138	69	—	—	2
1962	1	102	246	—	190	85	—	—	2
1963	—	82	161	—	155	80	—	—	6
1964	12	120	280	—	198	100	—	—	—



## PREMATURE BIRTHS

(i.e. live births and stillbirths of 5½ lbs. or less at birth).

1. No. of premature live births notified (as adjusted by transferred notifications).

(a) in hospital 43

(b) at home or in private nursing homes 16

Total 59

2. No. of premature stillbirths notified (as adjusted by transferred notifications).

(a) in hospital 4

(b) at home or in private nursing homes 1

Total 5

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1 2 lb. 3 oz. or less	3	2	1	—	—	—	—	—	—	—	—	—	—	—
2 Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	2	—	—	—	—	—	—	—	—	—	—	—	1	—
3 Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	7	—	—	—	—	—	—	—	—	—	—	—	3	1
4 Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	18	1	—	—	1	—	—	—	2	—	—	—	—	—
5 Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	13	—	—	—	12	—	—	—	1	—	—	—	—	—
6 Total	43	3	1	—	13	—	—	—	3	—	—	—	4	1

1 = 1,000g. or less. 2 = 1,001 - 1,500g. 3 = 1,501 - 2,000g. 4 = 2,001 - 2,250g. 5 = 2,251 - 2,500g.

## MIDWIFERY SERVICE

This section includes information on the duty of the local authority to provide a domiciliary service under Section 23 of Part III of the National Health Service Act 1946, and on its function under the Midwives Act, 1951 to act as Local Supervising Authority to all midwives practising in the area.

### SUPPLY OF MIDWIVES.

Ministry of Health Circular 5/64 drew attention to the acute shortage of midwives and the Minister wrote to every non-practising midwife inviting her to return to her profession if at all possible. Some married midwives in this area responded to the call and returned to the hospital on a part-time basis. Most of them, however, had not taken approved refresher courses within the previous five years and in accordance with the Rules of the Central Midwives Board were thereby precluded from practising midwifery. They also had domestic responsibilities which prevented them from attending courses in other parts of the country. To overcome the difficulty application was made to the Central Midwives Board for approval of courses arranged locally by the Consultant Obstetrician at the hospital and after this was granted and the midwives had completed the courses satisfactorily they were employed as midwives in the hospital.

### INSTITUTIONAL AND INDEPENDENT MIDWIVES.

Fifteen midwives employed at the Great Yarmouth General Hospital and one independent midwife in private practice notified their intention to practise in this area.

### MUNICIPAL MIDWIVES.

Eleven midwives notified their intention to practise. Included in this number is the Supervisor of Midwives and one permanent part-time midwife. One additional midwife was appointed to the staff in April and this brought the number to the full establishment of nine full-time midwives and one part-time midwife.

### NUMBER OF CONFINEMENTS

The total number of births, including those to mothers not normally resident in the Borough, rose from 1,117 to 1,137. Of these, 459 were delivered at home and 678 in hospital. Included in these births were two sets of twins born at home and twenty-one sets born in hospital. In one other case one of the twins was born at home and one in hospital. Of the patients delivered in hospital, 192 were discharged before the tenth day and received care from the district midwives.



## MATERNAL DEATHS.

The Registrar General recorded one maternal death due to post partum haemorrhage from placental site and old rheumatic pericarditis. Another mother died on the tenth day after delivery from acute porphyria, but the death certificate did not include pregnancy or child-birth as a contributory cause of death. Reports on both cases were sent to the Ministry of Health as part of their scheme for research into maternal deaths in England and Wales.

## ADMINISTRATION OF ANALGESIA.

All midwives are now trained in the administration of Trilene analgesia and they have been issued with the small and easily transportable apparatus. During the year gas and air was administered to 176 patients and Trilene to 171 patients on the midwives' own responsibility. In the presence of a doctor 43 patients had gas and air and 25 patients had Trilene.

Pethilorfan was administered to 218 patients on the midwives' responsibility and to 38 patients when a doctor was present.

## CONFINEMENT IN HOSPITAL ON SOCIAL GROUNDS.

The Health Department undertakes the work of assessing the need for hospital confinement on social (as distinct from medical) grounds in order that the best use can be made of the small number of beds available. Of the 131 cases investigated, 20 were rejected and 111 recommended.

## MIDWIVES' ANTE-NATAL CLINICS.

Ante-natal clinics were held each Monday afternoon in Great Yarmouth and each Tuesday afternoon in Gorleston, at which midwives conducted routine examinations of patients booked for home confinements. Home visits are necessary towards the end of pregnancy and are available for people who find it inconvenient to attend the clinics. The number of attendances was 2994 as against 3199 last year.

Health Visitors also attend the clinics and continue to lead informal discussions with the mothers. They welcome the opportunity of meeting the mothers whom they visit after the babies are born.

Classes for health education and parentcraft are undertaken jointly by Health Visitors and Midwives, and this arrangement works very well.

## STANDARD CO-OPERATION CARDS.

Expectant mothers are likely to have attention from general practitioners, midwives and possibly also the hospital and in the past it has not been easy to exchange information about cases between these three. In 1963 the Ministry of Health recommended the use of standard co-operation record cards for the purpose of ensuring that each member of the obstetric team was aware of the attention given by the other members.

The card was to be retained by the mother and presented to each member of the team for entries to be made after each consultation. There was some local resistance to the cards at first, but later the Maternity Liaison Committee recommended their use and they were adopted by the hospital, the midwives and the majority of general practitioners. The scheme is now working satisfactorily.

#### MEDICAL AID

The number of patients for whom medical aid was summoned during the year under Section 14(i) of the Midwives Act, 1951 by the Midwives was as follows :—

(a) For domiciliary patients :—	
(i) Where the medical practitioner had arranged to provide the patient with a maternity medical service under the National Health Service	75
(ii) Others	2
(b) For patients in institutions	326

#### HEALTH VISITING

The establishment of this Service is seven and the staff employed for the year consisted of six full-time Health Visitors and one part-time Tuberculosis Health Visitor. Two of the full-time Health Visitors resigned during the year to take up appointments elsewhere. For a six month period during the summer the services of a part-time Health Visitor were obtained.

The Health Visitors are responsible for all the work in their districts (except tuberculosis) but they are given the opportunity of using their special skills in other districts in health education, paediatrics, problem families, venereal diseases and care of the elderly.

The early detection of defects and abnormalities is an important part of the work of the Health Visitor. From notification of birth cards they obtain information about children who for any reason may be thought to be “at risk” and they pay special attention to these children until it is clear that they are developing normally. The Health Visitors carry urine testing equipment for the early detection of diabetes in groups who are “at risk” to this disease. Urine testing for phenylketonuria of all new babies was maintained and all the 1,127 tests carried out during the year were negative. The Department has agreed to co-operate with the survey of this disease undertaken by the Medical Research Council but so far has not been able to provide any information.

The local hospitals send to the department information about all children and some adults who have been treated in hospitals and this is passed to the Health Visitors who visit where necessary.



Special attention is paid to aged and handicapped persons. Increasing attention is being paid in medical circles to the ill-effects of chilling on old people during severe weather. All Health Visitors are aware of the danger and have been issued with the British Medical Association's booklet on "Accidental Hypothermia in the Elderly". They also carry low reading thermometers to assist them in recognising the early signs of hypothermia.

At the end of the year there were 366 aged and handicapped persons on their visiting lists in the following categories :—

Aged	248
Spastics	18
Epileptics	37
Others	63
	—
Total	366
	—

The following is a table from the Ministry of Health Return showing the number of cases visited during the year :—

Number of children under 5 years of age visited during the year	4182
Persons aged 65 or over visited at special request of general practitioners or hospital	11
Mentally disordered persons	26
Number of mentally disordered persons visited at special request of general practitioner or hospital	7
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	35
Number of persons, excluding maternity cases, discharged from hospital (other than mental hospitals) visited at special request of general practitioner or hospital	30
Tuberculous households	142
Number of households visited on account of other infectious diseases	34
Number of tuberculous households visited by the Tuberculosis Health Visitor	333

## HOME NURSING SERVICE

The establishment of this service remained at nine full-time and two part-time nurses. Miss L. M. Lewis retired after fifteen years service and the good wishes of the staff were extended to her. One of the part-time nurses was appointed to replace her and a new part-time nurse was engaged.

Pursuing the Council's policy of having all eligible nurses trained in district nursing, two nurses attended three-month courses which included practical training locally under the supervision of the Superintendent Nursing Officer. Both obtained the National and Queen's Institute of District Nursing Certificates. Two nurses attended refresher courses during the year.

Much of the work of the district nurses is in caring for the elderly and the chronic sick. Although the number of patients has declined slightly the work has remained heavy. Rehabilitation of patients with strokes or other disabling conditions is time-consuming but rewarding. In the interests of the early ascertainment of diabetes the district nurses now test the urine of all new patients. Of the 420 tests carried out, 8 related to known diabetics and 5 new patients were found to have a positive reaction and their doctors were informed.

In all the work of this section the department maintains the close co-operation with the hospitals and general medical practitioners which is essential if the service is to function efficiently. The following is a summary of the work done in 1964 :—

Number of patients nursed	3040
Number of new patients	681
Number of patients still on books at end of year	239
Number of visits to patients	27,733
Number of patients aged 65 or over	425
Number of patients under 5 years of age	6
Number of visits to patients aged 65 or over	19,382
Number of visits to patients under 5 years	50

The number of patients nursed and the number of visits paid to these patients during the past ten years are shown below :—

Year	Number of Patients nursed	Number of Visits
1955	1,444	21,303
1956	1,561	33,790
1957	1,409	33,670
1958	1,259	34,892
1959	1,197	33,146
1960	996	30,372
1961	814	26,412
1962	861	26,581
1963	920	28,164
1964	915	27,733

## VACCINATION AND IMMUNISATION

### SMALLPOX.

In 1962 a change of policy was introduced with regard to the age at which infants should be vaccinated. The recommendation made by the Ministry of Health, on the advice of their Standing Medical Advisory Council, was that infant vaccination should be carried out in the second year of life instead of the first.

During the year 99 infants under one year of age and 268 between the ages of one and two were vaccinated, and the latter figure represents 46.5% of the total live births in 1964. Although this percentage is not strictly correct statistically, since children are involved from different birth years, it does serve as a useful guide to the general vaccination state of the infant population. The figure for this year is a welcome improvement on the figure of 29.5% for last year, which was no doubt influenced by the change in policy.

The number of vaccinations and re-vaccinations known to have been carried out at all ages was 412, an increase of 97 on last year's figure.

The following table gives the analysis of the vaccinations in age groups :—

	Age at date of vaccination					Total
	Under 1	1	2-4	5-14	15 or over	
Primary vaccinations	99	268	35	7	—	409
Re-vaccinations	—	—	—	2	1	3
Totals	99	268	35	9	1	412

### DIPHTHERIA, WHOOPING COUGH AND TETANUS.

Immunisation against these three diseases is now commonly given by the administration of vaccine in the form of "Triple Antigen", and the majority of infants immunised at the clinics received this. Separate antigens were available for children whose parents elected to have immunisation against a particular disease, but these are now rare, and the separate vaccines are now mainly used for children for whom whooping cough vaccine was contra-indicated, or who had not received any immunisation in infancy.

During the year 683 children were given a primary course of immunisation and 664 children received reinforcing doses.

### TUBERCULOSIS.

The arrangements for the protection of children against tuberculosis by B.C.G. vaccination are in two parts. Under one vaccination is offered to all school children of thirteen years of age and upwards and to all



students attending establishments of further education, and the work is carried out in school by the full-time staff of the department. The second part involves the vaccination of contacts of cases of tuberculosis known to the Chest Clinic, and the work is carried out by the Chest Physician. The following table gives details of the work done during 1964 :—

Schoolchildren Scheme—

No. skin tested	601
No. found positive	40
No. found negative	545
No. vaccinated	545

Contact Scheme—

No. skin tested	136	
No. found positive	50	
No. found negative	86	
No. vaccinated	114	(including babies vaccinated without previous skin test)

POLIOMYELITIS.

Oral Sabin vaccine is now used almost exclusively in this Authority's area to produce immunisation against poliomyelitis. No Salk vaccine was used other than that contained in a Quadruple vaccine used by some general practitioners. Only 26 children received this form of immunisation, 24 for primary vaccination and 2 for reinforcing doses.

The following table deals with the administration of oral vaccine during the year :—

Oral Vaccine

Age Group	3 doses completed
1943-64	810
1933-42	20
Others	43
	<hr/> 873 <hr/>
Given Oral 3rd booster dose	1
Given Oral 4th booster dose (schoolchildren)	642

Of the total of 1542 persons vaccinated with either vaccine 32% of the doses were given by family doctors, and 68% either at the clinics or in the schools.

## AMBULANCE SERVICE

The staff establishment remained at one Ambulance Officer and 19 driver/attendants, of whom one worked only part-time. The service started the year with six ambulances and one dual purpose vehicle but during the year the latter vehicle was replaced by a new ambulance. All the vehicles are now of the same type and make, and the equipping and maintenance are thereby simplified. All vehicles are in radio contact with the main station.

Statistics given below show an increase in the number of patients carried and in the mileage run; this is in accordance with the national trend in this service. The number of journeys again shows a drop from the previous year and this was made possible by carrying more persons per journey.

Year	Patients carried	Journeys	Mileage
1960	15,420	7377	100,502
1961	16,374	7181	100,990
1962	17,325	7300	98,904
1963	16,979	7080	99,774
<b>1964</b>	<b>17,648</b>	<b>6919</b>	<b>104,959</b>

Ministry of Health Circular 14 of 1964 indicated to local authorities that in their capacity as ambulance authorities they had the responsibility for arranging and paying for the emergency conveyance of patients by helicopter. This is a service that is likely to be used very infrequently, but when the occasion arises there will be need for quick smooth action. A printed booklet was therefore prepared and distributed to hospital staff giving details of how to request air transport and a set of standing orders was issued to those members of the staff who have been made responsible for making arrangements. No calls have been made on the service so far.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### HEALTH EDUCATION.

All the normal activities of the department in health education were maintained. A new peg board made by the Borough Engineer's Department in co-operation with the Deputy Medical Officer of Health proved to be a great success and added interest to the displays. One of the Health Visitors takes the responsibility of ensuring that displays and posters are changed regularly.

Talks on health matters were given by members of the staff to clubs, societies, youth organisations and, as reported elsewhere, at ante-natal clinics.



## SMOKING AND HEALTH.

There was considerable activity during the year in educating the population in the relationship between smoking and lung cancer. Advantage was taken of the fact that Section 32 of the Children and Young Persons Act, 1963 increased the penalty for offences relating to the sale of tobacco to persons under the age of 16. There was reason to believe that children could obtain cigarettes from shops fairly easily, but early in the year considerable publicity was obtained in the local press and elsewhere about the new penalties, and warnings were issued that the staff of the department had been asked to look out for evidence of offences. The Chief Inspector of Weights and Measures co-operated in this work and he later reported that, as a result of the publicity, the majority of shopkeepers were aware of the provisions of the Act and were observing its requirements.

Large amounts of publicity material in the form of leaflets, pamphlets, booklets and posters were distributed or exhibited. They were obtained from the Ministry of Health, and the Central Council for Health Education and also from the Cardiff Cancer Information Centre, who should receive special mention because they made available to local authorities some very good material free of charge. A letter was addressed to all head teachers in the town drawing their attention to the extensive list of aids to education and propaganda which are available, including films and film strips, and special attention was drawn to the film "The Smoking Machine" which has been made by the Ministry of Health.

## VENEREAL DISEASES.

A publicity campaign on venereal diseases was carried out in the second half of the year. A new Ministry of Health poster was received and there was a change in policy in that it was displayed to the public in general and not only in public lavatories. Copies were sent for exhibition in youth clubs and in the public library and to all large factories and business premises in the town.

A leaflet on venereal diseases in women was also received from the Ministry of Health. Its purpose was to acquaint social workers and other people in positions of influence with the facts so that they might pass them on as occasions arose and encourage attendance at clinics if this appeared to be desirable. Copies were sent to the personnel managers and industrial nurses of the main business and industrial firms in the town and to nursing members of the staff, to the Education Department, the Welfare Department and the Children's Department. The Head Postmaster was asked to include the address of the local V.D. Clinic in the list of local addresses of Departments which he displays and this was done. The Borough Engineer was given a supply of posters for exhibition in public lavatories and was asked to review the arrangements for maintaining them.

Follow-up facilities were again available in the tracing of contacts but they were little used during the year.



## TUBERCULOSIS.

The arrangements for the prevention of tuberculosis and for the care and after-care of patients remained as described in previous reports. Renewed efforts were made to persuade contacts of patients and of recovered patients to continue under supervision at the Chest Clinic. Special attention was paid to young people known to have had a positive tuberculin test. Two of the newly diagnosed patients were in fact under the age of 20 and were known to have had positive tests in early life.

Many patients nowadays are able to continue at work while still under treatment by anti-tuberculous drugs. It is most important that they and also contacts should be kept under regular supervision and firms which allow employees to attend the Chest Clinic without loss of pay are making an enlightened contribution to the health of the town.

The following table shows some of the work done during the year :

Number of examinations of contacts	1039
Number of contacts first examined during the year	195
Number of persons vaccinated with B.C.G. vaccine	114
Number of home visits paid by the Tuberculous Health Visitor	956

## OTHER ILLNESSES.

The care and after care of persons suffering from other forms of illness is provided mainly through the health visiting, district nursing and domestic help services.

The hospitals provide information concerning all children discharged and visits to their homes are paid where necessary. One of the Health Visitors regularly visits the paediatric out-patient clinic, the children's and maternity wards of the local hospital and obtains useful information from the Consultant and his staff regarding the need for home visiting and also gives information concerning the home conditions and social background of the child.

The Superintendent Nursing Officer continues to receive information from the hospitals about the elderly when they are about to be discharged and about the more acutely ill patients when they have recovered sufficiently to return home. The appropriate services are then provided to help them re-establish themselves in their homes. Spastic, epileptic and other handicapped persons are visited periodically by the Health Visitors.

## LOAN OF NURSING EQUIPMENT.

The three depots run by the St. John Ambulance Brigade and the British Red Cross Society for the provision of nursing equipment continue to operate very satisfactorily and the Council's thanks are due to the Societies for their interest and support.

In addition to the equipment provided by the voluntary organisations, the department continues to supply nursing aids to patients under the care of the district nursing staff.

#### INCONTINENCE PADS.

This Authority was issuing incontinence pads to patients before they were recommended by the Ministry of Health in Circular 14 of 1963, and after receipt of the circular decided to continue the previous arrangement of providing them free of charge. Four hundred were issued during the year and their value was appreciated by patients, relatives and nurses. No problem has so far arisen in the disposal of these pads. They are usually either burnt or buried, but with the increase in the number of flats in the town it may be necessary to make some other arrangements in the future.

#### CHIROPODY.

A satisfactory service was maintained throughout the year. The Chiropodist resigned at the end of February and as it was not possible to fill the vacancy immediately a previous arrangement to subsidise the Old People's Welfare Council for their employment of a Chiropodist was quickly revived so that there should be no break in the service. Later the vacancy was filled by a qualified Chiropodist who started duty in the direct employ of the Council early in 1965.

Although the scheme provides for the treatment of the handicapped, expectant mothers and the elderly, almost all the patients fall into the latter category. A charge of 2/6 per attendance remained until the 31st March, when the Council decided to provide a free service for old age pensioners residing in the Borough.

Sessions were held at the Greyfriars Way Clinic on Mondays and Wednesdays, and at the Trafalgar Road, Gorleston, Clinic on Tuesdays and Thursdays. On Fridays the Chiropodist visited the Welfare Department's old people's hostels.

During the year 273 sessions were held at which 3,148 treatments were given. At the end of the year there were 630 persons on the register of whom 70 were residents in old people's hostels.

#### PROBLEM FAMILIES.

The work of the department with these families was maintained on the lines described in my last two reports.

In one case, in spite of intensive case work carried out by the Health Visitor and provision of a Home Help, the mother continued to neglect her children and she was subsequently prosecuted and placed on probation. In another case the mother was prosecuted for neglect of five children and they were taken into the care of the local authority and she was also placed on probation.

The Welfare of Children Committee continued to meet monthly and provided a useful opportunity for interchange of information about problem families. At the meetings policy in regard to particular families is agreed and then action is taken by the appropriate officer or recommended to the appropriate Committee of the Council or to a voluntary



organisation. The Committee serves a most useful purpose in co-ordinating the work, but unfortunately experience shows that in some cases it is difficult to recommend any action except the taking of a child or children into care.

### DOMESTIC HELP SERVICE

This service continues to grow but at a slower rate than during last year owing mainly to the difficulty in recruiting women for employment as Home Helps. The number of women employed increased from 61 to 65, giving a full-time equivalent of 41. Two Home Helps were employed on a full-time basis and the others part-time.

There was a considerable amount of upper respiratory infection among the staff during the winter and this caused some difficulties in maintaining the service. The amount of help given weekly had to be reduced in some cases so that none would be without help, but where the need was such as to demand daily help, this was maintained.

The number of visits increased from 38,278 to 42,424 and the number of hours worked from 72,327 to 79,895.

The following table shows the number of people to whom help was sent :—

Aged 65 or over on first visit in 1964	494
Chronic sick and tuberculous	23
Mentally disordered	4
Maternity	23
Others	37

In some cases regular help has continued for a number of years and this has meant independence for the recipients who otherwise would have been unable to remain in their own homes. This feeling of security means much to the elderly who want to remain at home as long as possible.

The category “others” included problem families, physically handicapped persons, persons suffering from illness, convalescent patients discharged from hospital and blind persons. Problem families require a lot of patience and understanding and Home Helps have to be carefully selected. The work is often frustrating but there is some reward in reporting that, as a result of providing help for two years, free of charge, one family has been almost completely rehabilitated.

The “Dirt Squad”, so called because two Home Helps go together to clean up very dirty homes, continued to do excellent work and Home Helps who are willing to undertake this work are worthy of appreciation.

Information about people in need of the service came from the local hospitals, general practitioners, District Nurses, Health Visitors, officers of the National Assistance Board and from other departments of the Corporation.



## MENTAL HEALTH SERVICE

### STAFF.

The establishment remained at three part-time Mental Welfare Officers, two of whom deal with mental illness and one with sub-normality. One trainee completed his course and was appointed Mental Welfare Officer in July. The other, who had been having practical experience in the department, started his two-year course of formal training in September.

### MENTALLY ILL PATIENTS.

The number of admissions to mental hospitals arranged by the Mental Welfare Officer was 96, as compared with 91 last year. The following are the details :—

	Male	Female	Total
Informal admissions	22	21	43
Admissions under Section 29 (urgent)	12	12	24
Admissions under Section 25, for observation	10	14	24
Admissions under Section 26, for treatment	1	4	5
	—	—	—
	45	51	96
	—	—	—

In addition, a considerable number of patients were admitted direct to hospitals by the Consultants without the intervention of the Mental Welfare Officer.

### SUBNORMAL AND SEVERELY SUBNORMAL PATIENTS.

At the end of the year there were 85 persons (47 male and 38 female) in these categories living in the community and known to the Authority. Eight were in full employment and 49 attended the Training Centre. All the others were receiving home visits from the Mental Welfare Officers.

Eight new cases were reported, four from the School Health Service and four from other sources. One man was transferred from hospital care to guardianship. Two were admitted to hospital for temporary care and three on a permanent basis. One boy died and one girl married during the year.

### THE TRAINING CENTRE.

At the end of the year there were 77 trainees on the register, of whom 49 were from Great Yarmouth and 28 from Norfolk. The average attendance was 90%. The arrangements for transport, meals, milk and medical inspections were unchanged.

The adult section has 43 trainees. One youth was found suitable work and is doing well and three more are considered to be almost ready to leave the Centre and enter normal employment. Throughout the year the Centre has been fortunate in obtaining suitable work from local factories in sufficient quantities to keep all the trainees usefully employed.

A few mentally ill patients attended the Centre and settled in well with the trainees. They attended regularly and appeared to appreciate the atmosphere of the Centre. One woman after a period in the Centre was able to return to normal employment and another who had previously been unable to retain jobs should soon be able to return to open industry.

#### CARE AND AFTER-CARE.

Care and after-care of mentally disordered patients was carried out by the Mental Welfare Officers. They investigated 106 cases of suspected mental illness in which no immediate admission to hospital was arranged and they paid 56 visits to patients or their relatives at the request of hospitals. A number of other visits were also made for other purposes in connection with mental illness. General supervision of all subnormal and severely subnormal patients in their own homes was maintained.

The Haven Club, which is the psychiatric social club, met 48 times during the year. Ten new members were welcomed and four discharged and there was an average attendance of seven. The club continued to provide an interesting meeting place for those who found social life difficult and several members gained sufficient confidence to obtain paid employment. Flower arrangement was a new and successful activity introduced during the year.



## **MISCELLANEOUS SERVICES**

### **NATIONAL ASSISTANCE ACT, 1948, Section 47**

### **NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951**

This section of the National Assistance Act makes special provision for the compulsory removal to suitable premises by Court Order of persons who :—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically handicapped, are living in insanitary conditions
- and (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

It is seldom necessary to apply this section of the Act because it is usually possible to persuade the person concerned to go to hospital voluntarily. Only two cases were brought to the notice of the department during the year. One was an elderly lady who was found to be suffering from pneumonia and seriously ill. She was admitted to hospital without resort to the Act. The second case was an elderly woman whose husband had agreed to go to hospital voluntarily some six weeks previously. Although a Home Help was sent in every day including weekends, it was impossible to provide her with the care and attention which she required. All attempts at persuasion by members of the staff, by a doctor from the geriatric hospital, and by a Magistrate failed to persuade her to leave her home and the Magistrate had then no hesitation in signing an order.

Difficulties are likely to be experienced in applying this Section of the Act because many people who are aged, infirm or physically handicapped are being looked after by the Domestic Help Service and are therefore not living in the insanitary conditions which are a requirement of the Act. A stage may be reached where they are so infirm that they are quite incapable of living alone and there may be serious dangers of accident or of fire which might affect people in adjoining properties. Yet if the person insists on remaining at home it might be impossible to enforce removal under the Act. The question arises whether, in view of the improved standard of care of old people in the home, the time has come for an amendment to the Act which would permit of an Order being made even if the conditions are not insanitary.

### **NURSERIES AND CHILD MINDERS REGULATION ACT, 1948**

There are no day nurseries registered in the Borough.

One more person was registered as a child minder, making a total of four. Each was registered for ten children. Later two ceased operating because there were not enough children, but asked to be allowed to remain registered. One of them subsequently left the town.

Investigations and reports for initial registration and subsequent supervision were done by the medical and nursing staff.



## **NURSING HOMES**

Public Health Act, 1936, Section 187.

Nursing Homes Act 1963.

There are two registered nursing homes, one for 50 patients and the other for 24; each provides care mainly for the chronic sick.

The Nursing Homes Act, 1963 empowers the local authority to ensure that the standards of accommodation, staff and equipment are appropriate to the work done, and officers of the authority are now permitted to interview patients privately. One complaint was received and investigated but no action was required.

Routine inspections are carried out from time to time by the medical and nursing staff.

### **MEDICAL EXAMINATION OF STAFF 1964**

Entrants to the Superannuation Scheme	86
Entrants to the Sick Pay Scheme	61
Teachers first teaching appointment	—
Teachers transfer to local schools	21
Teachers College entrants	51
Firemen's Pension Scheme	12
Examinations for Pension surrender	3
Examinations on behalf of other authorities	3
Examinations carried out by other authorities	2
	<hr/>
	239
	<hr/>



# The Chief Public Health Inspector's Report

F. T. PORTER, M.A.P.H.I., C.S.I.B., Chief Public Health Inspector

## INTRODUCTION

### STAFF.

This is my first report as Chief Public Health Inspector. I would like to record a tribute to the late Mr. F. R. Parmenter who died on the 28th January 1964. His passing was a personal loss to me; I had been a colleague and a member of his staff for over twenty years.

During the year five changes occurred in the staff of the section and these made continuity in the work difficult. Mr. Coleman was appointed as my deputy in June. The establishment was short of one Inspector over most of the period. I should like to thank the members of the staff who were here in 1964 for their willing co-operation during that period.

### LEGISLATION.

The volume of fresh legislation was greater than usual and the following statutes which have a bearing upon the work of the section were introduced.

#### *The Housing Act, 1964.*

This Act gave local authorities increased powers to deal with improvements to existing houses by dealing with them as "Improvement Areas". It also reinforced the powers of local authorities over houses in multiple occupation by introducing Control Orders. These provide for a period of stewardship by the local authorities during which the bad living conditions can be remedied. These powers were introduced to deal with the most squalid of living conditions in this type of property.

#### *The Protection from Eviction Act.*

This was introduced in December as an emergency measure pending the revision of rent control and security of tenure in the Rent Act, 1957. This Act has, as its main purpose, the making of evcition without a Court Order a criminal offence.

#### *The Offices, Shops and Railway Premises Act, 1963.*

For many years there has been legislation to protect the Health and safety of employees in factories but until the passing of this Act only limited provision had been made in public health law for employees in non-industrial employment. The Act sets out to provide standards for health, welfare and safety for the office and shop worker. It has been estimated that it applies to over eight million people in England and Wales working in a million premises.

Some parts of the Act came into force on 1st May 1964, and most of the provisions came into operation on 1st August.



During the year 559 premises were registered. It is difficult to obtain an exact number of premises in the town to which the Act applies, as there is provision for a number of exemptions. During the autumn a start was made upon inspections, so far as staff and other duties permitted.

Fourteen Orders and Regulations were received, together with twenty one local authority circulars, containing details of implementation of various sections of the Act. Many of these were of a highly technical nature.

#### *General.*

Statutory instruments were received which dealt with Meat Treatment, Soft Drinks, Dried Milk and Mineral Hydrocarbons in food. There were also thirteen Circulars and Official Reports from the various Ministries dealing with Antibiotics in food, the Housing Act 1964, the Clean Air Act, procuring Samples of Drugs, Colouring Matters in food, Food Labelling, Marketing and Distribution of Meat, and the Aberdeen Typhoid Outbreak.

## **SANITARY CIRCUMSTANCES OF THE AREA**

### **WATER SUPPLY.**

The water was supplied by the East Anglian Water Company. The source of the water was the River Bure with the intake at Horning, and there was an alternative source from Ormesby Broad which was brought into use when the salinity of the river water exceeded the statutory limit or the total daily consumption exceeded 6 million gallons per day.

Pre-chlorination is used to control mussel growths in the pipes leading the water to the purification works at Ormesby. The purification process comprises  $3\frac{1}{2}$  days storage, primary rapid filtration and secondary slow sand filtration, followed by chlorination.

The supply was sufficient in quantity throughout the year and no restrictions on its use were imposed. The average consumption was 77 gallons per head per day (domestic 38, industrial 39) but this figure is based on the resident population and does not take account of the large number of summer visitors.

The maximum day's consumption of water was 6,860,000 gallons, including the supply to part of the Blofield and Flegg Rural District.

Chemical and bacteriological examinations of the water from supply pipes were carried out at frequent intervals; the results were consistently satisfactory.

A lime treatment plant is in use which varies the discharge of lime so that it is possible to ensure that the alkalinity of the water is sufficient to avoid any possibility of plumbo-solvency.

All the dwelling houses in the Borough, with one exception, are supplied by the Company's mains.

SEWERAGE.

The disposal of sewage into the river and thence to the sea remained the same. The installation of a new main sewer in the South-town area was completed this year.

PUBLIC CLEANSING.

The Borough Engineer's Department carried out the collection of refuse and the means of disposal was to the tip in the Cobholm area. The tip was well maintained, and the area of exposed tip face was kept down to a minimum. Household refuse was collected weekly. More frequent collections from premises were available upon request, on payment of a small fee.

The power under the Public Health Act 1936 to require unsatisfactory dust-bins to be replaced or additional ones to be provided, was invoked where necessary.

The dumping of refuse on sites and in empty houses in the town continued to be widespread and many complaints were received. The Litter Act has been useless in this respect and until the public realise that they are creating an additional cost from the rates by their anti-social actions, it appears that this problem will continue to be with Health Departments. Even when complainants know the person responsible, they are unwilling to give evidence. No person has yet been found caught in the act.

All complaints concerning refuse were investigated and appropriate action taken to deal with them. I should like to thank the Cleansing Section of the Borough Engineer's Department for their co-operation throughout the year.

GENERAL SANITATION.

The following table shows the number of visits made during the year.

TABLE A.

Nature of Visit or Inspection				No. of Visits
Atmospheric Pollution	...			143
Caravans, Tents, Vans, etc.	...			222
Diseases of Animals	...	...		4
Drainage	...	...	...	1044
Dykes	...	...	...	16
Exhumations	...	...	...	—
Factories	...	...	...	187
Fumigation and Disinfection	...			12
Insect Infestation	...	...		49
Inquiries in cases of Infectious Diseases				68
Miscellaneous Sanitary Visits	...			425

Noise ... ..	38
Offensive Trades ... ..	36
Knackers Yard ... ..	3
Outworkers ... ..	3
Public Conveniences ... ..	123
Rats and Mice ... ..	227
Refuse Accumulations ... ..	361
Refuse Collection and Disposal ...	54
Schools ... ..	49
Ships ... ..	376
Shops ... ..	98
Stables and Piggeries ... ..	26
Swimming Pools ... ..	37
Theatres and Places of Entertainment	21
Water Supply ... ..	2

#### FACTORIES ACTS, 1937 TO 1961.

The following tables show the work carried out under the above Acts. One hundred and eighty-seven inspections were made during the year and no serious defects were noted. It was not necessary to take any legal action.

TABLE B.

Premises	No. on Register	Inspections	Written Notices	Prosecutions
(i) Factories in which Sections 1, 2, 3, 4, and 6 are enforced by Local Authorities	18	10	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	242	165	3	—
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding outworkers premises)	24	12	—	—
Total	284	187	3	—



TABLE C.

Particulars	No. of Cases in which defects were		Referred by H.M. Inspector	Referred to H.M. Inspector	Prose- cutions
	Found	Remedied			
Want of cleanliness	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	2	1	—	1	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	23	23	3	—	—
(c) Not separate for sexes	2	2	—	—	—
Other offences against the Act (not including offences relating to outwork)	2	2	—	—	—
Total	30	29	3	1	—

## OUTWORK

Nature of Work	Section 133			Section 134		
	No. of out- workers in Aug. List required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prose- cutions for failure to supply lists	No. of instances of work in unwhole- some premises	Notices served	Prose- cutions
	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—						
Making, etc.	87	—	—	—	—	—
Cleaning and Washing	—	—	—	—	—	—
Total	87	—	—	—	—	—

## OFFENSIVE TRADES.

Total No. on the register	...	...	17
Tallow melter	...	...	1
Tripe dressers	...	...	2
Marine stores	...	...	14

Thirty-six visits were made to these premises during the course of the year.

The gas chlorinator was in use at the tallow melters premises to deal with the fumes from the digester, throughout the year. This chlorinator has resulted in a reduction in the nuisance from smell.

#### SWIMMING POOLS.

The following are details concerning the swimming pools in the town.

##### *Yarmouth Pool.*

Water is pumped from the sea to a settling tank near the pool and then drawn as required from the tank. The water is then treated by continuous filtration and break-point chlorination. The pool is filled at the beginning of the season and losses by evaporation are made good by adding to the water as required.

##### *Gorleston Pool.*

Water is pumped from the sea to a reservoir situated at high level and supplied to the pool by gravity flow. It is passed through a continuous filtration plant where it is chlorinated. The pool is filled at the beginning of the summer season and water is added when required.

##### *Herman Junior School, Wroughton Junior School and East Anglian School Pools.*

These pools are supplied with water from the town's supply and further water is added from the mains when required. All these swimming pools are provided with plants for continuous filtration and chlorination of the water.

##### *Holiday Camp Pool.*

There is also a swimming pool provided within the grounds of a holiday camp in the borough. The water is from the public mains supply and the pool is provided with a continuous filtration and chlorination plant.

During the summer season the staff made 37 visits to the swimming pools. A total of 54 check tests were carried out to determine the amount of free chlorine and the alkalinity of the water in the pools. Seven bacteriological samples were taken and all were reported by the Public Health Laboratory to be satisfactory. No trouble from algal growth occurred during the year.

#### RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

There are no manufacturers or premises used for the storage of rag flock in the borough.

Seven premises are registered as Upholsterers under Section 2 of the Act.

## SANITARY CONDITION OF CINEMAS AND THEATRES.

Twenty-one visits were made to the cinemas and theatres in the Borough and the sanitary accommodation and washing facilities were found to be adequate and well maintained.

## ATMOSPHERIC POLLUTION.

One hundred and forty-three visits were made in connection with the emission of smoke and grit to the atmosphere. Observations were also made where necessary and followed by notification to the persons responsible where it was considered a nuisance had been committed. Eleven notices were served.

More trade premises fitted oil-fired boilers and this led to a further reduction in the emission of smoke.

Two notifications were received under Section 3(1) of the Clean Air Act to install new furnaces.

## CARAVAN SITES.

No further licences under the Caravan Sites and Control of Development Act 1960 were issued this year.

Details of all caravan sites in the borough are as follows :—

Permanent sites	...	3
Holiday sites	...	3

There is, in addition, one municipally owned tent site, which is used in the holiday season.

Two hundred and twenty-two visits were made to caravans and tents during the year.

One prosecution was taken against the owner of a caravan for letting it whilst on an unlicensed site. The owner pleaded guilty and was fined £5 in the Magistrates Court.

## HOUSING.

During 1964, forty-nine houses were represented as unfit under the Housing Act 1957, seven were made the subject of Demolition Orders, thirty-four were closed, and eight undertakings were accepted. As a result of the action taken, thirty-four families, comprising seventy-four persons, were rehoused during the year.

Additional work was involved in dealing with applications for mortgage advances and improvement grants for houses. The houses concerned were inspected and an opinion concerning their future life was given.

In the Autumn a start was made on inspections of houses in Cobholm with a view to dealing with these as a Clearance Area.



### 1. *Inspection of Dwelling-houses.*

(i) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ... ..	1,368
(b) Number of inspections made for the purpose	1,588
(ii) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations 1925 - 32 ... ..	Nil
(iii) Overcrowding :—	
Number of houses inspected ... ..	26
Number of revisits ... ..	21
(iv) Verminous houses :—	
Number of houses inspected ... ..	30
Number of revisits ... ..	12

### 2. *Informal Action.*

Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts ... ..	794
--	-----

### 3. *Action under Statutory Powers.*

#### (A) Proceedings under Public Health Acts.

(i) Number of houses in respect of which notices were served requiring defects to be remedied ...	118
(ii) Number of houses in which defects were remedied after service of formal notices :—	
(a) By owners ... ..	69
(b) By Local Authority in default of owners	33

#### (B) Proceedings under the Housing Act, 1957.

(i) Number of houses rendered fit after the service of notices under Section 9 ... ..	1
(ii) Number of houses rendered fit under Section 16 ...	1
(iii) Number of houses rendered fit under Section 24 ...	—
(iv) Number of houses in respect of which demolition orders were made ... ..	7
(v) Number of houses in respect of which closing orders were made ... ..	34
(vi) Number of separate tenements or underground rooms in respect of which closing orders were made	—
(vii) Number of houses in respect of which undertakings were accepted ... ..	8
(viii) Number of Local Authority houses certified unfit by Medical Officer of Health ... ..	—
(ix) Number of houses demolished ... ..	13

## RENT ACT, 1957.

Details of documents issued during the year are as follows :—

No applications for Certificates of Disrepair were received.

### *Applications for Cancellation of Certificates.*

Applications by landlords for cancellation of certificates	1
Objections by tenants to cancellation of certificates ...	—
Decisions to cancel in spite of tenants' objection ...	—
Certificates cancelled by Local Authority ...	1

## NOISE ABATEMENT.

Complaints alleging excessive noise were received concerning the following :—

### (1) Noise from a factory.

After investigation the firm concerned agreed to alter the direction of discharge of an exhaust pipe and have the silencers overhauled. A reduction in the noise took place after this work had been carried out.

### (2) Two complaints of noise from motor vehicles were referred to the Chief Constable.

## INSPECTION AND SUPERVISION OF FOOD

### A. MILK.

On the 1st October 1964, the Milk (Special Designation) Regulations, 1963, came into force. The Regulations re-enact with amendments the Milk (Special Designation) Regulations, 1960, the principal changes being :—

1. The Special Designation "Tuberculin Tested" milk was replaced by the Special Designation "Untreated" milk.
2. The same Methylene Blue Test is now applied to both Untreated and Pasteurised Milk.

Only one licence was issued for the sale of Untreated milk in the County Borough. All other licences applied to the sale of Pasteurised or Sterilised Milk only.

The number of dairies and dealers concerned with the distribution of milk in the County Borough at the end of the year was as follows :—

### *Milk and Dairies (General) Regulations, 1959.*

Number of dairies on register	...	...	10
-------------------------------	-----	-----	----

### *Licences under the Milk (Special Designation) Regulations, 1963.*

Number of dealers licensed to sell pre-packed milk	110		
Number of pasteurisers licensed	...	...	3



MILK SAMPLING.

In accordance with a recommendation by the Ministry of Agriculture, Fisheries and Food, sampling was commenced towards the end of the year in order to determine the presence of antibiotics in milk arriving at dairies in the County Borough. Antibiotics are used for treatment for mastitis in dairy cows and are excreted in the milk for a period after treatment. The milk should be discarded because it can cause ill effects in consumers. Pasteurisation does not destroy antibiotics.

Eighteen samples were taken from milk supplied by fifteen farmers on arrival at local dairies. The Public Analyst reported that fifteen of these samples were free from antibiotics but three of those submitted were found to contain Penicillin. The farmers concerned were warned of the offence and follow-up samples were taken at the farms by an Inspector of the Norfolk County Council at the request of this Department. These samples however were found to be satisfactory.

One hundred and eighteen samples of designated milks were taken during the year for bacteriological examination. The details are as follows :—

	Number taken	Methylene Blue Test		Phosphatase Test		Result Invalidated	Turbidity Test	
		Passed	Failed	Passed	Failed		Passed	Failed
Sterilised Milk	1	—	—	—	—	—	1	—
Pasteurised Milk	68	61*	1	68	—	6	—	—
T.T. Pasteurised Milk	38	35	3	37	1	—	—	—
T.T. Milk	9	8	1	9	—	—	—	—

\*Six samples of pasteurised milk were not subjected to the Methylene Blue Test owing to unsuitable atmospheric conditions prevailing at the Laboratory at the time.

Regular inspections were carried out at the four pasteurising plants and the results of sampling, shown above, indicate that the plants were operated satisfactorily.

Bacteriological examination of washed milk bottles taken from the dairies were found to be generally satisfactory.

PROSECUTIONS.

One dairyman was fined after previous warnings, for selling milk in a dirty milk bottle. The fine imposed by the Magistrates Court was £50, under Section 2 of the Food and Drugs Act 1955.

B. MEAT INSPECTION.

The two privately owned licensed slaughterhouses in the County Borough continued to operate during the year. One is used for the slaughter of pigs and the other for cattle, sheep and calves. Although the buildings used are very old, a satisfactory state of hygiene was maintained as far as was possible with this type of structure.



Apart from a few animals sent for emergency slaughter the general quality of meat passing through these slaughterhouses was of very high standard. As can be seen by the following tables, nearly all the bovine animals were young, producing prime beef – out of the total of 1970 killed, no less than 1960 were young heifers and steers and only ten were cows.

One hundred per cent meat inspection of animals slaughtered was carried out by the Inspectors in accordance with the provisions of the Meat Inspection Regulations 1963 and each carcass passed as fit was stamped accordingly. Inspection was carried out during normal working hours, except during holiday periods and on a few occasions when slaughtering extended into the evenings. Tuberculosis was not detected in the meat of any bovine animals and the incidence of this disease in pigs declined. It was noted that the incidence of pyogenic abscesses in ox livers increased, and this was mainly found in animals fed by concentrated feeding methods.

Carcasses and Offal inspected and condemned in whole or in part :—

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	1970	10	2	1945	6780	—
Number inspected	All	All	All	All	All	—
<i>All diseases except tuberculosis and cysticerci :—</i>						
Whole carcasses condemned	—	—	—	2	6	—
Carcasses of which some part or organ was condemned	435	1	1	16	831	—
Percentage of the number inspected affected with diseases other than tuber- culosis	22.08	10.0	50.0	0.9	12.3	—
<i>Tuberculosis only :—</i>						
Whole carcasses condemned	—	—	—	—	—	—
Carcass of which some part or organ was condemned	—	—	—	—	343	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	5.0	—
<i>Cysticercosis :—</i>						
Carcasses of which some part or organ was condemned	8	—	—	—	—	—
Carcasses submitted to treat- ment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

# Details of Carcasses, Parts of Carcasses and Organs surrendered.

	Tuberculosis	Other Causes
Cattle carcasses (excluding cows)	—	—
Cow carcasses	—	—
Pig carcasses	—	6
Calf carcasses	—	—
Sheep carcasses	—	2
Bovine heads	—	6
„ tongues	—	4
„ livers	—	340½
„ lungs	—	81
„ udders	—	1
„ spleens	—	9
„ kidneys	—	33
„ skirts	—	14
„ hearts	—	9
„ mesenteric fats	—	4
„ tripes	—	1
„ tails	—	—
Pigs' heads	119	2
„ plucks	2	158
„ hearts	1	34
„ kidneys	—	140
„ livers	—	378
„ mesenteric fats	247	120
„ spleens	—	4
Calves' heads	—	—
„ hearts	—	1
„ kidneys	—	1
Sheep plucks	—	3
„ livers	—	15
„ hearts	—	3
Beef	—	182½ lbs.
Pork	5 lbs.	464 lbs.

## DISPOSAL OF UNFIT MEAT AND OTHER FOODS.

The private Slaughtering Company have continued the arrangement of disposing unfit meat, offal and waste, to a local firm who use this material for the manufacture of Tallow and Fertiliser. This arrangement has been in operation since 1954 and has proved satisfactory.

Food-stuffs, other than meat, which were found to be unfit were deposited at a store owned for this purpose by the Council. Routine removal of these food-stuffs was carried out by the Cleansing Departments vehicles and they were taken to the Council's controlled tip for burial. Special arrangements were made for the removal of large quantities of unfit food-stuffs under the supervision of this department.

C. ICE CREAM.

During the year there was an increase in the sale of ice cream from continuous freezer machines. Although there might appear to be a greater health hazard from this new method of retail sale, experience has shown that this is not the case, as can be seen from the results of the under-mentioned samples, the majority of which comprised this type of ice cream. Credit for this must be given to the machine operators and their efficient methods of hygienic handling and sterilisation routines.

Premises manufacturing and storing ice cream for sale have to be registered with the local authority under Section 16 of the Food and Drugs Act 1955.

The number registered during the year was :—

Manufacturers	...	...	3
Retailers	...	...	332

Seventy-six visits were made by inspectors to ice cream manufacturing premises and retail shops. The general standard of hygiene was found to be satisfactory and notices were served on occupiers of these premises for minor items, where found necessary.

Thirty-one samples of ice cream were submitted to the Public Health Laboratory for routine examination.

The methylene blue test results were classified as follows :—

Grade 1	Grade 2	Grade 3	Grade 4
24	7	—	—

Fifteen samples of ice cream were submitted to the Public Analyst for chemical analysis, all were reported to be genuine. The fat content varied between 6.1% and 11.6%.

D. FOOD SAMPLES TAKEN IN ACCORDANCE WITH THE PROVISIONS OF THE FOOD AND DRUGS ACT, 1955.

The following table shows the type and number of food samples taken from various food establishments within the Borough during the year which were submitted to the Public Analyst for examination and the results of analysis :—



	Submitted to Analyst	Satisfactory	Not Satisfactory
Baby Food	1	—	1
Baking Powder	1	1	—
Beans	1	1	—
Beefburgers	2	1	1
Biscuits	6	5	1
Butter	8	8	—
Cake Mixture	4	4	—
Canned Cream	1	1	—
Canned Fish	3	3	—
Canned Fruit	6	4	2
Canned Meat	18	12	6
Canned Meat Pudding	4	1	3
Canned Milk	7	5	2
Canned Rice	1	1	—
Canned Soup	2	2	—
Canned Vegetables	8	7	1
Cereal	1	1	—
Cheese	5	5	—
Cheese Spread	1	1	—
Chicken in Jelly	1	—	1
Chicken Pie	1	1	—
Chutney	1	1	—
Coffee	2	2	—
Cocktail Onions	1	1	—
Colouring	1	1	—
Cornflour	1	1	—
Curry Powder	1	1	—
Custard Powder	1	1	—
Desiccated Coconut	1	1	—
Dried Fruit	5	4	1
Dried Milk	2	2	—
Drinks	10	10	—
Fish Paste	3	3	—
Flan Mixture	1	1	—
Flour	3	3	—
Fruit Juice	1	1	—
Glace Cherries	1	1	—
Herbs	2	2	—
Honey Spread	1	1	—
Ice Cream Mixture	1	1	—
Jam	2	2	—
Jellies	3	3	—
Kipperd Herring	1	1	—
Lard	2	2	—
Lemon Curd	1	1	—

FOOD AND DRUG SAMPLES REPORTED BY PUBLIC ANALYST AS BEING UNSATISFACTORY OR NOT GENUINE

Article	Nature of Adulteration or Irregularity	Action taken
Instant Milk	Deficient in milk fat.	Manufacturer informed.
Cheese Spread	Deficient in milk fat.	Manufacturer informed.
Celery Salt	The Brand Name not followed by the words "Registered Trade Mark".	Manufacturer is printing new labels to have the word "Registered" printed on them, in full.
Jar of Mixed Pickles	Listed ingredients not in correct order.	Follow-up sample taken which was found to be satisfactory.
Tongue and Turkey Roll	Four ingredients incorrectly described.	Label to be altered by firm at next printing.
Ideal Pickle	One of ingredients incorrectly described.	Irregularity brought to attention of firm who amended label accordingly.
Potato Salad in Mayonnaise	One of ingredients incorrectly described.	Irregularity brought to attention of firm who amended label accordingly.
Sliced Roast Beef with Gravy	Deficient in meat content.	No specific legal standard for meat content but firm agreed to increase the percentage of meat in respect of this product.
Roast Pork with rich Gravy and Stuffing	Generic term "cereal" in list of ingredients.	Manufacturer agreed to alter label at next printing.
Meat Pudding	Deficient in meat.	Lengthy correspondence with firm resulted in further sampling. Samples of the latest batch of this product found satisfactory.
Milk	Contains added water.	This sample was followed up by a formal sample and in this case the milk was found to be genuine
Pork Sausages	Contains undeclared preservative.	The necessity to declare the presence of preservative was brought to the attention of the butcher concerned.
Strained Squash with Sugar and Salt	Incorrect common or usual name given.	This sample was one from old stock, the line having been discontinued for some time. The stock concerned has now been destroyed.
Mussels in Malt Vinegar	One of the listed ingredients incorrectly described.	Firm concerned requested to describe malt vinegar in list of ingredients at the next printing of the labels. They agreed to do this.

FOOD AND DRUG SAMPLES REPORTED BY PUBLIC ANALYST AS BEING UNSATISFACTORY OR NOT GENUINE

Article	Nature of Adulteration or Irregularity	Action taken
English Cherries	Article incorrectly described.	Firm concerned informed of necessity to describe the product correctly.
Dried Apricots	Contains undeclared preservative.	The local firm concerned had discontinued the line since sample taken. The Importer, however, was informed of the necessity to declare preservatives and subsequently undertook to ensure that this would be done.
Milk	Contained penicillin.	Farmer concerned warned of offence. Follow-up sample taken by Norfolk County Council found to be satisfactory.
Tinned Luncheon Meat	One of the ingredients incorrectly described.	Firm concerned requested to have label altered.
Evaporated Milk	Deficient in equivalent of full-cream milk.	Three further samples taken for analysis were found to be satisfactory.
Teabreak	Misleading label.	Following correspondence with the firm concerned a new label was produced which was found to be satisfactory.
Meat Pudding	Deficient in meat.	Correspondence with firm. Two further samples submitted for analysis were found to be satisfactory.
Meat Pudding	Deficient in meat.	
Sliced Roast Beef with Rich Gravy	Deficient in meat.	Manufacturer agreed to maintain meat content at 70%. This is considered satisfactory.
Minced Chicken in Jelly	Deficient in meat.	Correspondence with manufacturer. Two further samples taken for analysis were found to be satisfactory.
Ready to eat Minced Beef with Gravy	Part of label not sufficiently conspicuous.	Manufacturer requested to amend label. This was agreed in the next printing of the labels.
Beef Burgers	One of the listed ingredients incorrectly described.	Correspondence with manufacturers who agreed to amend the label accordingly.



Margarine	1	1	—
Marmalade	1	1	—
Marzipan	1	1	—
Meat Extract	1	1	—
Meat Paste	4	4	—
Milk	45	43	2
Mussels in Vinegar	1	—	1
Mustard	2	2	—
Oyster Spread	1	1	—
Pea Flour	1	1	—
Peas	2	2	—
Pepper	1	1	—
Pickles	5	3	2
Pie Filling	1	1	—
Potato Chips	1	1	—
Potato Pancake	1	1	—
Prawns	1	1	—
Pudding Mixture	1	1	—
Rice (Ground)	1	1	—
Salad Dressing	1	1	—
Salt	2	1	1
Sauce	1	1	—
Sausages	11	10	1
Soup	3	3	—
Sponge Roll	1	1	—
Steak Pie	1	1	—
Suet	1	1	—
Sugar	1	1	—
Sweets	10	10	—
Tea	4	4	—
Vegetables (Dried)	1	1	—
Yeast (Dried)	1	1	—
	240	214	26

The following information is included this year, in accordance with the instructions contained in the Ministry of Health Circular 1/65 of 11th January 1965, paragraph 8 :—

(a) Milk Supplies—Brucella Abortus. No samples were taken.

(b) The Liquid Egg (Pasteurisation) Regulations 1963. There are no Egg Pasteurisation Plants in the district and no samples were taken.

#### E. OTHER FOODS.

During the year the following foodstuffs were found to be unfit for human consumption and were voluntarily surrendered :—

Canned foods, various	6,198
Bacon	1,673 lbs.
Beef	638 lbs.

Beetroot	84 cartons
Biscuits	7 packets
Bread rolls	180
Butter	46½ lbs.
Cabbage	35 nets
Carrots	300 bags. 16 trays
Cheese	46 lbs.
Chickens	1,578
Cod	1 stone
Confectionery	3 bags
Croquettes	195
Cucumbers	14 boxes
Dates	294 packets
Fat	57 lbs.
French Mustard	1 bottle
Frozen foods, various	267 packets. 2 lbs.
Grapefruit (fresh)	21
Ice Cream	1 can
Kippers	28 stone
Lettuces	660
Mutton	31½ lbs.
Onions	218 cwt. 60 bags
Peaches	266 trays. 70 cases
Pears	75 boxes
Pickle	6 jars
Pork	67 lbs.
Salt	9 drums. 8 bags. 13 packets
Sauce	6 bottles
Sausages	7 packets
Soft drinks	8 bottles. 3 tins
Sweets	7 lbs.
Tomatoes	215½ lbs.
Vinegar	1 bottle

#### F. FOOD HYGIENE.

Inspections were carried out of food premises in the Borough upon complaint by members of the public and also as a routine in order to ascertain the existence of any contraventions of the provisions of the Food Hygiene (General) Regulations 1960. At the request of the Control of Infection Sub-Committee of the Hospital Management Committee, inspections were also made of the local hospital kitchens. This resulted in various recommendations being made which were brought to the attention of the Committee concerned.

Details of inspections made to the various food premises during the year in connection with food inspection and food hygiene, are as follows :—

Bakers	...	...	...	39
British Railways	...	...	...	5
Butchers	...	...	...	135
Canteens	...	...	...	4
Confectioners	...	...	...	40
Dairies and Milk Dealers	...	...	...	163
Fishmongers	...	...	...	36
Food Factories	...	...	...	21
Greengrocers	...	...	...	42
Grocers	...	...	...	431
Hospitals	...	...	...	4
Hotels and Boardinghouses	...	...	...	39
Ice Cream Premises	...	...	...	87
Imported Foods	...	...	...	116
Licensed Premises	...	...	...	312
Mineral Water Manufacturers	...	...	...	2
Restaurants	...	...	...	208
School Kitchens	...	...	...	51
Slaughterhouses	...	...	...	973
Stalls	...	...	...	3,679
Warehouses	...	...	...	38

Plans of proposed new food premises submitted to the Council were examined before submission to the Planning Committee and applicants were informed of the requirements of the relevant legislation where this was found to be necessary.

The number and type of food premises in the area were as follows :

Bakers and Confectioners	...	...	56
Brewers	...	...	1
Butchers	...	...	56
Chemists and Drug Stores	...	...	28
Dairies and premises selling Milk	...	...	123
Fishcurers	...	...	10
Flour Mills	...	...	2
Fried/Wetfish and Shellfish Mongers	...	...	61
Granaries	...	...	3
Groceries and Provisions	...	...	80



Greengrocers	...	...	...	44
Ice Cream Manufacturers and Dealers	...	...	...	335
Malthouses	...	...	...	4
Mineral Water Manufacturers	...	...	...	3
Potato Crisp Manufacturers	...	...	...	1
Potato Dealers	...	...	...	5
Public Houses and Licensed Premises	...	...	...	176
Restaurants and Cafes	...	...	...	108
Slaughterhouses	...	...	...	2
Supermarkets	...	...	...	9
Sweets	...	...	...	82
Tripe Dressers	...	...	...	2
Wines and Spirits	...	...	...	16

Registered premises under Section 16 of the Food and Drugs Act, 1955 :—

Manufacture or sale of ice cream	...	...	335
Preparation or manufacture of sausages and preserved foods	...	...	93

### **FERTILISERS AND FEEDING STUFFS ACT, 1926.**

Sampling continued during the year under the provisions of the above-mentioned Act and the following samples were submitted to the Agricultural Analyst :—

	Informal	Formal
Fertilisers	... 5	1
Feeding Stuffs	... 7	—

One informal fertiliser sample failed to comply with the provisions of the Act in that an excess of phosphoric acid content was found. This sample was followed up by a formal sample which also failed for the same reason. The matter was taken up with the firm concerned who stated that all necessary precautions would be taken to ensure that all materials supplied by them would comply with the statutory statement.

A feeding stuff sample failed to comply with the provisions of the Act in that it was found to be deficient in fibre content. This sample was followed up by a further sample which also failed to comply for the same reason. The matter was taken up with the firm concerned who were warned to take extra precautions with their products in future.

## **DISEASES OF ANIMALS ACTS**

The following information has been obtained from the Chief Constable's Annual Report :—

### **ANTHRAX ORDER, 1957.**

During the year three cases of Anthrax were reported, one of which was confirmed. The infected carcase was destroyed and disinfection of the premises concerned was carried out.

### **DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.**

There are sixty two premises licensed under this Order. Regular visits of inspection were carried out.

### **FOWL PEST ORDER 1936.**

### **FOWL PEST (AMENDMENT) ORDER 1963.**

### **FOWL PEST (INFECTED AREAS) RESTRICTION ORDER 1956.**

One case of fowl pest was reported and confirmed, and for over six weeks the Borough was subjected to special restrictions relating to infected areas. During this period two licences were issued for movement for the purposes of slaughter within the Borough of 167 head of poultry. Two licences were received for the movement of fifteen thousand head of poultry into the Borough for slaughtering purposes.

### **SWINE FEVER ORDER, 1963.**

### **REGULATION OF MOVEMENT OF SWINE ORDER 1959.**

### **SWINE FEVER (INFECTED AREAS RESTRICTIONS) ORDER 1958.**

Five cases of suspected Swine Fever were reported but none was confirmed. During the year 468 licences authorising the movement of 4,693 pigs were dealt with as compared with 821 licences involving 8,922 pigs in 1963.

In addition 40 licences have been issued for the movement of 133 pigs for breeding purposes.

## **RODENT CONTROL**

The Authority employed one Pests Officer and four Rodent Operatives.

A general survey of land within the Borough and Council owned properties outside the Borough, was carried out during the year.

There were no major rat or mouse infestations or evidence of ships rats in the town.

The following table shows work done :—

	Type of Property				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1) (2), (3)	
I. No. of properties in Local Authority's District	210	17526	4212	21948	12
II. Total No. of properties inspected as a result of notification	29	497	266	792	—
No. of such properties found to be infested by :—					
Common rat Major	—	—	—	—	—
Minor	27	421	185	633	3
Ship rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
Minor	2	59	39	100	—
III. Total No. of properties inspected in the course of survey under the Act	173	1491	780	2444	12
No. of such properties found to be infested by :—					
Common rat Major	—	—	—	—	—
Minor	32	144	89	265	11
Ship rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
Minor	7	52	27	86	1
IV. Total No. of properties otherwise inspected (e.g. when visited primarily for some other purpose)	65	1152	315	1532	—
No. of such properties found to be infested by :—					
Common rat Major	—	—	—	—	—
Minor	20	27	13	60	—
Ship rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
Minor	2	20	11	33	—
V. No. of infested properties (in Sections II, III & IV) treated by the Local Authority	90	723	364	1177	15
VI. Total treatment carried out, including re-treatments	184	—	—	184	—



	Type of Property				
	Non-Agricultural				(5)
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1) (2), (3)	
VII. No. of notices served under Section 4 of the Act :					
(a) Treatment	—	—	—	—	—
(b) Structural Work (i.e. Proofing)	—	—	—	—	—
VIII. No. of cases in which default action was taken following the issue of a notice under Section 4 of the Act	—	—	—	—	—
IX. Legal Proceedings	—	—	—	—	—
X. No. of "Block" control schemes carried out	30	10	—	40	—

#### DWELLINGS.

Much work was carried out to control house infestations particularly where infestation was due to defective drains. Doors, windows and back yard entrances of Closing and Demolition Order properties were boarded up to prevent the dumping of edible and non-edible matter, which might afford food or hide for rats.

Old drains and unsealed W.C. pans were sealed to prevent rats from coming to the surface via the sewers.

The Pests Officer made 547 visits to dwellings and as a result the following work was done :—

Holes in external walls made good	15
Fixing sub-floor ventilating grids	10
Disused lavatory pans sealed	21
Repairing minor defects to drains	29
Grids and wire cages fixed to rainwater pipes	19
Garden and other domestic refuse heaps removed	43
Sheds raised	26
Fowl houses removed or rebuilt	32
Dustbins and other receptacles provided	11

#### BUSINESS PROPERTY.

Shops, factories, hotels, restaurants and warehouses in which processing, selling or storing foodstuffs occurred, were kept under observation by the Pests Officer and the Health Inspectors and treated for rats and mice where necessary. Business properties which have servicing arrangements were visited every three or four weeks.

#### COUNCIL PROPERTY.

Schools, playing fields, entertainment centres and camping sites were visited on request or as a matter of routine.

Council refuse tips were kept under constant observation and treatment was carried out throughout the year.

The following methods were used to destroy rats :—

Trapping, poisoning, shooting, dog, netting and digging rats from their burrows.

Hospitals and Old Peoples Homes were dealt with for the following infestations :—

Earwigs, cockroaches, flies, pigeons, rats and mice.

In addition, school playing fields, race course and grass verges were treated for moles.

#### ALLOTMENTS.

Allotments situated in the Mill and Marsh Road area continue to be the main source of rat infestation. Many of the buildings housing livestock and garden sheds can be described as ramshackle. Foodstuffs were dumped indiscriminately and created conditions conducive to harbouring rats, affording both food and hide for them. Some difficulty was experienced in carrying out a collective treatment as many of the allotments were fenced in and doors kept locked.

#### AGRICULTURAL PROPERTY.

Regular visits and treatments to farms and farm lands kept rats down to a minimum. No action was necessary under the Dismantling of Ricks Act. Co-operation with the Rabbit Clearance Society resulted in the destruction of 43 rabbits.

#### SEWERS.

Two treatments of sewers were carried out during the year, one in April and the other during October and November; both showed satisfactory results. Since the first sewer treatment in 1940-41 the rat population in the sewers has been kept down to a low level and in many cases whole sections have been cleared of rats. Unfortunately it has not been possible to get a complete clearance particularly in the old part of the town for the following reasons :—

1. Long stretches of sewers with no manholes or means of laying poison bait.
2. Many sewers are tidal and subject to flooding.
3. Deep manholes with no benching.
4. Rainwater discharging from high level drains on to manhole benching.
5. Heavy rains, washing poison bait off sewer ledges.
6. Natural food supply in the sewers.

## PORT AND HAVEN.

The Council have servicing arrangements with the Port and Haven Authority and 261 rats were destroyed on the quayside and wharves.

## INSECT AND OTHER INFESTATIONS.

The following infestations were dealt with by the Rodent Control Staff :—

Ants	...	...	10
Bees	...	...	2
Beetles not specified	...	...	6
Bugs	...	...	2
Cockroaches	...	...	23
Coypus	...	...	8
Crows	...	...	2
Earwigs	...	...	5
Fleas	...	...	13
Flies	...	...	2
Field Mice	...	...	2
Hamster	...	...	1
Moles	...	...	10
Pigeons	...	...	16
Rabbits	...	...	12
Wasps	...	...	8

Numerous complaints were received from farmers outside the Borough that pigeons were destroying agricultural crops, complaints came also from householders and owners of business properties of pigeons causing a nuisance and fouling rainwater guttering.

As a result a campaign to reduce the numbers of pigeons was carried out in conjunction with the Ministry of Agriculture, Fisheries and Food. This campaign resulted in the destruction of 450 pigeons.





# The Report of the Port Medical Officer

## PORT OF GREAT YARMOUTH

### INTRODUCTION.

This report is again compiled in accordance with the revised form and sequence suggested by the Ministry of Health in circular 33/52. Information under sections V, VIII, XIV, XV and XVI has not been repeated as there has been no change from the previous report.

### Section I — STAFF

TABLE A.

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
K. J. GRANT	Port Medical Officer	1.6.48	M.A., M.B., Ch.B., D.P.H.	Medical Officer of Health, County Borough of Great Yarmouth.
R. G. NEWBERRY	Deputy Port Medical Officer	1.6.60	M.B., B.S. D.P.H.	Deputy Medical Officer of Health, County Borough of Great Yarmouth.
F. R. PARMENTER	Port Health Inspector	30.1.53 (Deceased 28.1.64)	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Chief Public Health Inspector, County Borough of Great Yarmouth.
F. T. PORTER	Port Health Inspector	3.3.64	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Chief Public Health Inspector, County Borough of Great Yarmouth.

R. S. R. COLEMAN	Deputy Port Health Inspector	10.6.64	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Deputy Chief Public Health Inspector, County Borough of Great Yarmouth.
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## Section II — AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

The following table relates to the year ended 24th March 1964 as figures for ships and tonnage for the calendar year are not available from the Port and Haven Commissioners.

TABLE B.

Ships from	Number	Number inspected		Number of ships reported as having, or having had during the voyage, infectious disease on board
		By the M.O.H.	By the Inspectors	
Foreign Ports	} 2209	2	221	—
Coastwise		—	44	—
Total	2209	2	265	—

## Section III — CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

### PASSENGER TRAFFIC.

There was no passenger traffic during the year.

### CARGO TRAFFIC.

The following table is compiled from information supplied by the Port and Haven Commissioners for the year ended 24th March 1964, and relates to cargo handled at the port whether as imports or exports as separate figures are not available.



	Tons
Cattle, Ponies, etc. (Head)	15,182
Coal	179,480
Fruit and Vegetables	38,028
Groceries	8,787
Grain and Seeds (Qtrs.)	330,970
Manures	45,762
Meal, etc.	27,255
Metals, Scrap, Iron, etc.	79,729
Paper, Strawboards, Woodpulp, etc.	36,921
Petrol, Paraffin, Fuel Oil, etc.	396,755
Salt	5,621
Stone, Broken Granite, etc.	1,951
Wood (Loads)	85,681
Herrings (cured)	198
Herrings (uncured) (Crans)	19,391

#### PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE.

Belgium—Antwerp.

Denmark—Fredricksund, Copenhagen.

East Germany—Rostock, Wismar, Stralsund.

West Germany—Hamburg, Bremen.

Finland—Kotka, Abo, Kemi.

Holland—Rotterdam, Amsterdam, Scheveningen, Maisluys.

Norway—Christiansund, Oslo, Trondheim.

Sweden—Kalmar, Gothenburg, Larvik.

Poland—Stettin.

### **Section IV — INLAND BARGE TRAFFIC**

There was no inland barge traffic during the year.

### **Section V — WATER SUPPLY**

No change.

### **Section VI — PUBLIC HEALTH (SHIPS) REGULATIONS, 1952 - 1961**

#### **1. LIST OF INFECTED AREAS.**

Information regarding ports in Europe and on the Mediterranean coast is extracted from the World Health Organisation's weekly list, and a copy of this information is forwarded by post to the Waterguard Office of the local Custom House.

## 2. RADIO MESSAGES.

(a) Arrangements for sending permission by radio for ships to enter the district—Although Great Yarmouth is not a radio transmitting port, radio messages can be sent to ships through the Humber or North Foreland transmitting stations.

(b) Arrangements for receiving messages by radio from ships and for acting thereon—Arrangements for the receipt of radio messages are the same as for those for transmission. The telegraphic address is Portelth, Great Yarmouth.

## 3. NOTIFICATIONS OTHERWISE THAN BY RADIO.

Messages are received by telephone from H.M. Inspector of Customs and Excise.

## 4. MOORING STATIONS.

(a) Within the docks—A berth will be made available, its situation being subject to conditions prevailing in the harbour at the time.

(b) Outside the docks—Yarmouth Roads anchorage.

## 5. ARRANGEMENTS FOR :—

(a) Hospital accommodation for infectious diseases (other than Smallpox—see Section VII).—Accommodation for infectious diseases other than smallpox is available at the Estcourt Hospital, Great Yarmouth.

(b) Surveillance and follow-up of contacts—The surveillance and follow-up of contacts would be undertaken by the Port Health Inspector under the direction of the Port Medical Officer.

(c) Cleansing and disinfection of ships, persons, clothing and other articles.—In case of infectious disease, disinfection is carried out by the staff of the local authority. Persons are cleansed and clothing and other articles are disinfected as required under arrangements made by the local authority at the Northgate Hospital.

## **Section VII — SMALLPOX**

(1) Under arrangements made by the Regional Hospital Board, smallpox cases would be admitted to Ipswich Smallpox Hospital.

(2) It has been agreed that Ipswich Ambulance Service would undertake responsibility for all arrangements for transport of smallpox cases to hospital. Applications for transport would be sent to the Resident Medical Officer, St. Helen's Hospital, Ipswich (Telephone number Ipswich 77211). The Ipswich Authority is responsible for the vaccinal state of the ambulance crews.

(3) Smallpox consultants available :—

Dr. W. A. Oliver, Norfolk and Norwich Hospital, Norwich.

Dr. A. G. Smith, The Old Rectory, Stockton, Beccles, Suffolk.

(4) Specimens for laboratory examination would be sent to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

### **Section VIII — VENEREAL DISEASE**

No change.

### **Section IX — CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES IN SHIPS**

TABLE D. — Nil.

### **Section X — OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS**

No cases of malaria occurred in ships entering the port.

### **Section XI — MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE**

No ships infected with or suspected for plague arrived at the port.

### **Section XII — MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS**

(1) Ships arriving from foreign ports are examined by the Inspector in the first instance, and if any evidence is found the Pests Officer is called in to make a more extensive search.

(2) When required, bacteriological and pathological examinations of rodents are carried out on behalf of the authority by the Public Health Laboratory, Norwich. No rodents were sent for examination during the year.

(3) Great Yarmouth is not an “approved port” for “deratting” but when any action is required trapping and poisoning is carried out by the staff of the local authority.

(4) Efforts are made to secure the efficient rat-proofing of ships, and particular attention is paid to foodstores, storerooms, etc.



TABLE E.

Rodents destroyed during the year :—

Category	Number			Total
	In ships from for- eign ports	In coastwise ships and fish- ing vessels	In docks, quays, wharfs and warehouses	
Black rats	—	—	—	—
Brown rats	—	14	261	275
Species not known	—	—	—	—
Sent for examination	—	—	—	—
Infected with plague	—	—	—	—

TABLE F.

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports :—

Great Yarmouth is not an approved port.

PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951.

One rodent control certificate was issued in accordance with Article 3(2)(b) of the Order.

The object of the issue of these certificates is to provide port authorities with the information that coastwise vessels are free or have recently been freed from rats and mice. They are valid for four months from the date of issue.

### Section XIII — INSPECTION OF SHIPS FOR NUISANCES

TABLE G.

Inspections and Notices :—

Nature and number of inspections		Notices served		Result of serving notices
		Statutory notices	*Other notices	
British ships	54	—	3	3 complied with
Foreign ships	211	—	9	8 complied with
British fishing vessels	—	—	—	—
Total	265	—	12	11 complied with

\* Including oral notices

**Section XIV — PUBLIC HEALTH (SHELL-FISH) REGULATIONS,  
1934 AND 1948.**

No change.

**Section XV — MEDICAL INSPECTION OF ALIENS**

No change.

**Section XVI — MISCELLANEOUS**

No change.

**FOOD INSPECTION  
PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937-1948**

During the year imported food regularly arrived from Holland and Belgium. This comprised canned luncheon meats, canned ham, onions, biscuits, lard, cheese, chocolate, canned fruits and canned milk. Throughout the year, fresh vegetables regularly arrived and these were found to be of high quality.

Inspection and sampling of imported food were carried out over the year. The samples were submitted to Dr. E. C. Wood, the Public Analyst.

Number of inspections of consignments of imported food : 245.

The following table shows the number of samples obtained and submitted to Dr. Wood for examination, with results of analysis :—

	No. submitted	Result
Canned Ox Tongue	1	Genuine
Canned Luncheon Meat	2	1 Genuine 1 Unsatisfactory
Canned Evaporated Milk	2	1 Genuine 1 Unsatisfactory
Canned Blackberries	1	Genuine
Biscuits	2	1 Genuine 1 Unsatisfactory

### Unsatisfactory Samples :

Canned Luncheon Meat : Labelling offence; correspondence with manufacturer in progress.

Canned Evaporated Milk : Equivalent milk content lacking; further samples have been taken for analysis and found to be satisfactory.

Biscuits : Labelling offence; label changed by manufacturer after correspondence with the firm concerned.

During the year, further samples of fruit and vegetables were taken on arrival at the Port, to test for pesticide residues in imported foods.

The results of these samples are as follows :—

	No. submitted	Result
Oranges	1	Genuine, free from Pesticide residues
Carrots	2	Genuine, free from pesticide residues
Lettuces	3	Genuine, free from pesticide residues
Apples	1	Genuine, free from pesticide residues
Tomatoes	3	Genuine, free from pesticide residues
Cucumbers	2	Genuine, free from pesticide residues
Grapes	1	Genuine, free from pesticide residues





# **The Report of The Principal School Medical Officer**

TO THE CHAIRMAN AND MEMBERS OF THE  
EDUCATION AUTHORITY OF GREAT YARMOUTH

Town Hall,  
Great Yarmouth.

August, 1965.

MR. CHAIRMAN, LADIES and GENTLEMEN,

I have the honour to present my Annual Report on the work of the School Health Service for the year 1964.

The routine work of the Department was maintained throughout the year and the report shows that the general health of the pupils was very good and that preventable illness among them was at a discount.

One's satisfaction in reporting this is, however, tempered by the knowledge that many of the children are developing unhealthy habits of living which, while they may produce no overt ill effects at present, will if continued, undoubtedly lead to illness or disability in later life. The resilient body of youth can often absorb the assaults made on it. The supple feet of a girl can spring back to normal shape in spite of the deforming effects of the current absurd shoe fashions, but in time she will be liable to have her whole life plagued by painful feet caused by bunions and other defects which the shoes are now starting to produce. The elastic lungs of a boy may show no ill effects from the cigarette smoke with which he assaults them, but in time he will be liable to progress from the stage of the "tickling cough" through the "smoker's cough" to the crippling chronic bronchitis or the deadly lung cancer. The child who becomes conditioned to an ill-balanced diet with an excess of sugar and other refined carbohydrates may appear to be quite healthy, but in time he may have to face heart disease and the multitude of defects of later life which are associated with obesity.

Now that the expectation of life has been so greatly extended there is every reason for trying to ensure that the later years are passed in reasonable health, rather than in a welter of potions and pills which in many cases are prescribed only in an attempt to repair the damage resulting from unhealthy living habits inculcated or permitted in early life. Unfortunately, however, in matters of personal health the present-day attitude is expressed in the lines —

"Unborn tomorrow and dead yesterday  
Why fret about them if today be sweet."

The health educator must try to change this attitude, but past experience shows that it is likely to be a very difficult, not to say a frustrating task.

I take this opportunity of conveying to the staff my thanks for their loyalty and devotion to duty and we would all like to express to you, Mr. Chairman, Ladies and Gentlemen, our appreciation of your continued trust and encouragement.

I have the honour to be,

Your obedient servant,

K. J. GRANT.

*Principal School Medical Officer.*



## EDUCATION COMMITTEE

1964 - 1965

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### COUNCIL MEMBERS

#### *Chairman :*

Alderman J. BIRCHENALL, J.P., resigned December 1964

Councillor Mrs. E. E. CLARE, from December 1964

#### *Members :*

The Mayor, Alderman H. D. McGEE

Alderman Mrs. K. M. ADLINGTON, J.P.

Alderman E. W. APPLGATE

Alderman L. F. BUNNEWELL

Alderman G. J. HOLMES

Alderman J. P. WINTER

Councillor Mrs. C. BATLEY

Councillor A. W. CANNELL, to September 1964 and again from  
January 1965

Councillor A. V. CLARE, from September 1964

Councillor A. P. FARTHING

Councillor N. J. HUK

Councillor D. J. H. MADDEYS

Councillor L. H. B. MILLS

Councillor J. MUNDAY

### NON-COUNCIL MEMBERS

W. RUTTER, Esq., from September 1964

Mrs. E. A. GODFREY

The Reverend J. T. GIBBON

The Reverend E. McBRIDE, Ph.B.

Mrs. D. HARBORD

W. J. WALLIS, Esq.

The Reverend D. HOLT, from September 1964

A. V. CLARE, Esq., to September 1964

## STAFF OF SCHOOL HEALTH SERVICE

### *Principal School Medical Officer :*

K. J. GRANT, O.B.E., M.A., M.B., Ch.B., D.P.H.

### *School Medical Officers :*

R. G. NEWBERRY, M.B., B.S., D.P.H.

M. R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.

V. E. A. MARWOOD, B.Sc., M.B., Ch.B., (East Anglian School).

### *Principal School Dental Officer :*

B. C. CLAY, L.D.S., R.C.S.

### *School Dental Officer :*

K. L. HARRIES, L.D.S., R.F.P.S.

### *Dental Auxiliary :*

Miss P. J. BILLITT (from 7.9.64)

### *Ophthalmologist (part time) :*

D. K. SOUPER, M.A., M.B., B.Ch., D.O.M.S.

### *Consultants (East Anglian School) :*

Ear, Nose and Throat—

B. ADLINGTON, M.R.C.S., L.R.C.P., F.R.C.S.

Ophthalmic—P. J. L. HUNTER, M.B., Ch.B., D.O.M.S.

### *Speech Therapist (part-time) :*

Miss J. RUTT, L.C.S.T. (from 28.1.64)

### *Superintendent Nursing Officer :*

Miss G. C. MOORE, S.R.N., S.C.M., Queen's Nurse, H.V.cert.

### *School Nurses :*

Miss R. WHILEY, S.R.N. (full-time)

Miss D. IRELAND, S.R.N. (full-time)

Mrs. E. BURNELL, S.R.N., S.C.M., H.V.cert. (part-time)

Miss M. WHITMORE, S.R.N., S.C.M., H.V.cert. (part-time)

Miss J. L. BEALES, S.R.N., S.C.M., H.V.cert. (part-time)

Miss D. M. CHASE, S.R.N., S.C.M., H.V.cert. (part-time)

Mrs. S. D. RENGERT, S.R.N., H.V.cert. (part-time) (to 5.4.64)

Mrs. B. I. EVERITT, S.R.N., S.C.M., H.V.cert. (part-time)

Miss M. B. CLYNE, S.R.N., S.C.M., H.V.cert. (part-time)

(5.4.64 to 31.10.64)

### *Chief Clerk :*

A. G. SHOOBRIDGE

### *Senior Clerk :*

L. C. BANHAM

### *Clinic Clerk :*

Miss E. COOPER

### *Dental Surgery Assistants :*

Miss B. BOYES

Mrs. E. J. GEORGE

Miss J. A. HOSIER

## POPULATION AND SCHOOL ATTENDANCE

The Registrar-General's estimate of the mid-year population of the town was 52,720, which is 150 more than the figure last year. The number of pupils on the registers in January 1964 was 8734, a decrease of 23 from the previous year's total.

The total number of pupils on the school registers in January of each year since 1955 was as follows :—

1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
8924	9082	9209	9174	9289	9268	9226	9002	8757	8734

Average numbers on books and average attendance for the year ended 31st March 1964 :—

### PRIMARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Infants :</i>				
Stradbroke	200	199	186	93
Peterhouse	280	288	268	93
Herman	240	249	230	92
Church Road	160	116	104	89
Wroughton*	310	274	250	91
Edward Worlledge	80	82	75	91
Cobholm*	150	120	109	91
Greenacre†	240	118	109	92
St. George's	200	131	118	90
Northgate/St. Andrew	160	162	143	88
Alderman Swindell	280	172	154	90
	2300	1911	1746	91

\* including Nursery Class (30)

† including use by Juniors of one room in infant school.



	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Juniors :</i>				
Stradbroke	400	326	302	93
Peterhouse	480	437	414	95
Herman	320	384	363	95
Wroughton*	500	454	428	94
Edward Worlledge	280	241	228	95
Greenacre	240	208	195	94
Nelson	240	159	148	93
North Denes*	360	239	217	91
	2820	2448	2295	94

\* including use of converted changing rooms.

## SECONDARY SCHOOLS

Alderman Leach	480	379	349	92
Gorleston Girls	360	402	368	91
Cliff Park	420	405	377	93
Greenacre	480	257	230	89
Styles	330	323	302	93
Hospital	480	320	285	89
Grammar	540	514	482	94
High	540	496	462	93
Technical	680	656	621	95
	4310	3752	3476	93

## VOLUNTARY SCHOOLS

St. Nicholas Junior	320	297	283	95
St. Mary's R.C.				
Senior (A)	—	71	64	90
Junior	120	111	104	94
Infants	80	45	40	89
St. Edmunds				
Sec. Mod (B)	150	141	127	90
	670	574	536	93

(A) To July 1963

(B) From July 1963

## SCHOOL MEDICAL INSPECTION

It is the practice in Great Yarmouth for pupils to be examined by the School Medical Officer on at least three occasions during their school life. Inspections are normally carried out soon after the child starts in the infant school, before he or she leaves the junior school and finally before leaving school to seek employment. These regular examinations are described in the table below as the periodic medical inspection of entrants, intermediates and secondary leavers respectively. In a certain number of cases the school doctor may feel that it is desirable for a child who has attended a routine medical inspection to have a further examination at a later date. These re-inspections may be conducted at the school or clinic. Children not due for periodic inspection may have "special inspections" at the request of the parents, teachers or school nurses.

Vision testing is carried out as early as is practicable, usually at about the age of  $5\frac{1}{2}$  years, and re-testing occurs at suitable intervals of time. Colour vision tests are given to both boys and girls at the intermediate inspection. Defects in colour vision are comparatively common in males, and this defect, for which no treatment is available, forms an absolute bar to certain occupations. When a boy is found to be suffering from a defect of this nature, the parent or the boy is informed of those occupations which require normal colour vision.

The following tables provide statistical information on the inspections and the findings which resulted from them.

### MEDICAL INSPECTION OF PUPILS ATTENDING

#### MAINTAINED PRIMARY AND SECONDARY SCHOOLS AND SPECIAL SCHOOL

##### *Periodic Medical Inspections*

Number of inspections in the prescribed groups :—

Entrants	...	...	748
Intermediates	...	...	688
Secondary leavers	...	...	935
Total	...	...	<hr/> 2371 <hr/>

##### *Other Inspections*

Special inspections	...	...	419
Re-inspections	...	...	46
Total	...	...	<hr/> 465 <hr/>

*Pupils found to require treatment*

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Age Groups Inspected by year of birth	For defective Vision	For any other conditions	Total individual pupils
1960 and later	4	22	22
1959	20	37	48
1958	5	9	10
1957	5	5	5
1956	1	2	1
1955	4	4	4
1954	3	5	5
1953	69	45	109
1952	32	17	46
1951	1	2	2
1950	—	—	—
1949 and earlier	190	38	215
Totals	334	186	467



## Findings at School Medical Inspections

Defect or disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	40	15	1	1
Eyes :—				
Vision	334	192	38	1
Squint	41	5	—	—
Other	11	1	—	—
Ears :—				
Hearing	19	4	26	7
Otitis Media	6	6	—	—
Other	6	1	—	—
Nose and Throat	11	18	—	1
Speech	22	11	2	2
Lymphatic glands	—	2	—	—
Heart	1	9	—	—
Lungs	6	22	—	—
Developmental :—				
Hernia	5	3	—	—
Other	6	19	1	—
Orthopædic				
Posture	10	8	—	—
Feet	8	15	—	—
Other	15	21	—	1
Nervous system :—				
Epilepsy	3	—	1	—
Other	2	4	—	—
Psychological :—				
Development	2	13	—	—
Stability	1	5	—	3
Abdomen	1	2	—	—
Other	4	2	—	1

## Attendance of Parents

Parents are invited to be present at the inspections at appointed times in order to avoid unnecessary waiting. Attendance of parents followed the usual trend of being high for the entrants, somewhat lower for the intermediate examinations and much lower for the leavers. The following table shows the percentages of attendances for the last ten years.

Parents attending the examination %										
	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Entrants	96	97	95	98	97	87	95	92	97	94
Intermediate	86	85	87	88	85	84	83	81	70	83
Leavers	41	36	36	31	34	27	31	34	21	16

### *Physical condition of pupils inspected*

When the School Medical Officer has finished his examination of the child at the medical inspection, he is asked to record his opinion about the child's physical condition. Following the recommendation of the Ministry of Education the health of the child is described as either "satisfactory" or "unsatisfactory". It should be remembered that this assessment is based on the clinical opinion of the Medical Officer and that there is no absolute standard.

It is encouraging to note that the number of pupils examined who were considered to be in an unsatisfactory condition remains low. In fact, all the children so assessed attend the East Anglian Special School for the deaf and partially sighted.

Year (1)	No. of pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1964	2371	2362	99.6	9	0.4
1963	2090	2085	99.8	5	0.2
1962	1852	1847	99.7	5	0.3
1961	2318	2303	99.4	15	0.6
1960	1978	1967	99.4	11	0.6
1959	2454	2442	99.5	12	0.5
1958	2308	2300	99.7	8	0.3
1957	2465	2429	98.5	36	1.5
1956	2213	2158	98.0	55	2.0

### *Hearing Defects*

Pupils suspected of suffering from hearing defects may be detected at school medical inspection or be referred by parents, teachers or School Nurses. They are all tested on an audiometer to assess the degree of hearing loss. Pupils with speech defects are also tested in case hearing loss should be the cause of the defect.

Twenty-seven children received audiometric tests and of these, nineteen were new cases and eight were re-examinations. Seven were referred to the Ear, Nose and Throat Consultant, five to their general practitioners, six were kept under observation and nine were found to require no treatment.

### HEIGHTS AND WEIGHTS

The following tables show the averages of heights and weights of children between certain ages examined at the three routine medical inspections. The figures for 1964 and some previous years are included in the tables.

#### A. Girls

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1964	45	5 8/12	42.1 ins.	43.1 lbs.
	1963	48	5 8/12	43.5 ins.	43.6 lbs.
	1962	80	5 8/12	43.9 ins.	44.8 lbs.
	1961	47	5 8/12	43.8 ins.	43.2 lbs.
	1960	36	5 8/12	43.8 ins.	45.2 lbs.
11-11½ yrs.	1964	155	11 3/12	56.3 ins.	83.7 lbs.
	1963	128	11 3/12	56.6 ins.	81.1 lbs.
	1962	65	11 3/12	56.1 ins.	78.8 lbs.
	1961	199	11 3/12	56.5 ins.	83.7 lbs.
	1960	187	11 3/12	56.3 ins.	81.5 lbs.
14¼-14¾ yrs.	1964	96	14 7/12	62.7 ins.	116.2 lbs.
	1963	94	14 7/12	61.8 ins.	118.7 lbs.
	1962	131	14 6/12	61.9 ins.	114.2 lbs.
	1961	222	14 6/12	61.9 ins.	112.5 lbs.
	1960	141	14 6/12	62.2 ins.	115.0 lbs.



## B. Boys

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1964	48	5 8/12	43.4 ins.	46.1 lbs.
	1963	60	5 8/12	44.2 ins.	45.9 lbs.
	1962	81	5 8/12	43.9 ins.	44.8 lbs.
	1961	57	5 7/12	44.0 ins.	45.2 lbs.
	1960	39	5 8/12	43.9 ins.	43.4 lbs.
11-11½ yrs.	1964	212	11 3/12	56.4 ins.	82.3 lbs.
	1963	128	11 3/12	56.0 ins.	80.1 lbs.
	1962	53	11 3/12	56.3 ins.	78.9 lbs.
	1961	228	11 3/12	55.7 ins.	81.1 lbs.
	1960	224	11 3/12	55.9 ins.	79.5 lbs.
14¼-14¾ yrs.	1964	110	14 8/12	64.5 ins.	121.7 lbs.
	1963	107	14 7/12	63.8 ins.	117.6 lbs.
	1962	189	14 6/12	63.9 ins.	115.5 lbs.
	1961	208	14 6/12	63.4 ins.	117.7 lbs.
	1960	145	14 6/12	63.7 ins.	117.4 lbs.

## TREATMENT

There are two school clinics in the Borough, one in Greyfriars Way, Great Yarmouth, and the other in Trafalgar Road East, Gorleston-on-Sea. Clinic sessions are held on each school day at the Yarmouth Clinic and on alternate days during the holidays. At the Gorleston Clinic the sessions are held every day unless the School Nurse is at a school. There are, however, always three sessions a week on alternate days, and where necessary a child can be seen on any day by prior arrangement with the Clinic. A doctor is in attendance once weekly at both Clinics and at other times the sessions are held under the direction of a Health Visitor or School Nurse.

These Clinics are primarily for the treatment of minor ailments and skin diseases such as cuts, abrasions, septic spots and warts. Some general practitioners refer their patients to the Clinics for the treatment of such conditions.

The Clinic sessions are also used for the special inspection of children referred by parents or head teachers and for the re-inspection of children in whom defects were discovered at a previous inspection. Examination of children engaging in part-time employment is also carried out at the Clinics.

The number of attendances at the Clinics for all purposes except errors of refraction for each of the past four years was as follows :—

	1964	1963	1962	1961
Great Yarmouth	1163	1395	1453	1549
Gorleston	1947	1548	985	1558
	<hr/> 3110 <hr/>	<hr/> 2943 <hr/>	<hr/> 2438 <hr/>	<hr/> 3107 <hr/>

#### DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

The treatment of minor skin disorders continued to form a large part of the work among school children, and a total of 446 children were known to have been dealt with compared to 341 last year. Of these cases, 82 were treated at hospital and 364 at the Clinics. Warts either on the hands or on the feet formed the majority of skin conditions seen, and 201 cases were treated. Other conditions included 18 cases of impetigo, and 2 cases of body ringworm. There were no cases of scabies.

Year	1964	1963	1962	1961	1960
Cases	446	341	320	401	408

#### EYE DISEASES, DEFECTIVE VISION AND SQUINT

Mild degrees of conjunctivitis, blepharitis and other simple conditions were treated by the Minor Ailment Clinic and 53 cases attended during the year, more serious cases being referred to hospital.

Ophthalmic clinics for testing vision were held every Tuesday, and if the numbers justified it, extra clinics were held on Fridays. The numbers of children attending remained much the same as in previous years, 553 attending the clinic and a further 185 being dealt with at hospital.

The following table summarises the work done :—

	Number of cases known to have been dealt with
Diseases or other defects of the eye, excluding errors of refraction and squint	120
Errors of refraction including squint	738
Total	858
Number of pupils for whom spectacles were prescribed	485

#### DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

The number of children treated at the clinics for diseases of the ear, nose and throat was 30 compared to 27 last year. The number

who received operative treatment at the hospital for tonsils and adenoids was 216 compared with 223 last year.

	Number of cases known to have been dealt with
Received operative treatment :—	
for diseases of the ear	9
for adenoids and chronic tonsillitis	216
for other nose and throat conditions	25
Received other forms of treatment	37
Total	287

ORTHOPAEDIC AND POSTURAL DEFECTS

There are no arrangements for specialist orthopaedic treatment made by the Authority. Any child found to require treatment is referred to the out-patient clinic at the local hospital.

The number of children known to have been treated at the out-patient department was 317 compared with 305 last year.

CHILD GUIDANCE

The Child Guidance Clinic is provided by the hospital authorities and is held on Wednesday morning each week at Northgate Hospital.

There were 35 clinic sessions held during the course of the year. Of the 88 patients attending, 43 were patients who had not previously attended the clinic, and 45 were cases being followed up. The sessions were held by Dr. J. V. Morris, Consultant Psychiatrist, and in his absence, Dr. I. N. S. Heald, Consultant Psychiatrist, both of Little Plumstead Hospital.

SPEECH THERAPY

There was no change in the arrangements for speech therapy. The therapist held two sessions per week at the clinics and also visited schools as required to discuss cases with teachers.



The following is a statistical summary of the work at the clinics :—

	Yarmouth	Gorleston	Total
Cases treated	18	29	47
Attendances	244	348	592
New Cases	13	15	28
Discharged	2	5	7
Left area	2	—	2
Left school	1	1	2
Defects treated :			
Stammering	6	8	14
Retarded speech development	2	4	6
Dyslalia	9	14	23
Deaf speech	1	3	4

## ENURESIS

Enuresis or bedwetting is a distressing complaint for which children are often referred to either the school doctor or the general practitioner. In cases which are resistant to advice and simple medication, enuresis alarms are available on loan from the department. They have proved to be generally successful in operation, and are now issued to children at the request of general practitioners, the Child Guidance Clinic, and the physician in charge of the Children's Department at the Hospital, as well as on the advice of the school doctors.

## HANDICAPPED PUPILS

### ASCERTAINMENT AND DISPOSAL.

During the year the following handicapped pupils were newly ascertained as requiring special educational treatment :—

Delicate	3
Educationally subnormal	10
Maladjusted	4

For these and one other previously ascertained the disposal was as follows :—

Admitted to special residential schools or hostels	1 maladjusted pupil, 1 educationally subnormal pupil, 1 physically handicapped pupil, 2 delicate pupils.
Admitted to special classes in ordinary schools	9 educationally subnormal pupils
Awaiting places in residential schools or hostels	1 delicate pupil and 3 maladjusted pupils.

At the end of the year there were 100 pupils on the handicapped pupils register. The position may be summarised as follows :—

Blind	Nil.
Partially sighted	2 at ordinary schools.
Deaf	3 at residential special school.
Partially hearing	11—8 having special educational facilities at ordinary schools. 3 pre-school children visited by peripatetic teacher.
Physically Handicapped	10—4 in residential schools. 2 receiving home tuition. 4 having special educational facilities at ordinary schools.
Delicate	3—2 at residential schools. 1 at ordinary school awaiting vacancy.
Maladjusted	13—9 in residential schools or hostels. 4 in ordinary schools (3 awaiting vacancies).
Educationally Subnormal	58—5 in residential schools. 53 in special classes in ordinary schools.

#### LOCAL PROVISION FOR HANDICAPPED CHILDREN

The Education Act, 1944 requires Local Education Authorities to provide special facilities for the education of certain pupils who have a mental or physical disability. Ten categories of handicapped pupils are defined in the Regulations and Section 33 of the Act requires that so far as practicable, arrangements for the education of pupils whose disability is serious should be made in appropriate special schools. Although this section of the Act is still in force many experienced people had doubts about the wisdom of the policy it embodied and these were clearly shared by the Ministry of Education and Science, who in 1954 published Circular 276 which included the following :

“No handicapped pupil should be sent to a special school who can be satisfactorily educated in an ordinary school”.

The Chief Medical Officer of the Ministry confirmed this as the continuing policy when in his Report for 1958 and 1959 he wrote :

“In recommending a suitable form of education for a handicapped child the ideal generally sought is to let the child remain at home and attend a day school. With increasing opportunities for educational treatment in the ordinary school, perhaps in a special class, this policy can often be adopted. It is in fact the Ministry’s policy and was stressed in Circular 276 issued in 1954. . . . .”



The Circular is again quoted in his last published Annual Report for the years 1962 and 1963.

This policy of trying to keep the handicapped child at an ordinary school has been adopted by Great Yarmouth for many years and in my Annual Report for 1958 I included a section on "The advantages of keeping the handicapped child in an ordinary school", which was based on experience of applying it. It should be noted, however, that it is made possible only by the goodwill of teachers and I should like to acknowledge the co-operation of local teachers in the effort to retain handicapped children in ordinary schools.

The following sections illustrate the general approach to the problem and the methods adopted.

### *Transport.*

Special transport is provided – usually a vehicle from the Ambulance Service – for children who are unable to travel to and from school by ordinary means. One child so conveyed suffers from muscular dystrophy and is otherwise confined to his wheel chair. The service is also most useful for short-term handicaps such as leg fractures which are set in plaster. Several cases were enabled to continue their education by this means during the course of the year.

### *Home Teaching.*

As an adjunct to the scheme for handicapped children education is provided for some in their own homes. This has proved very valuable for pupils who, for one reason or another, are unsuitable for ordinary schools or who are awaiting vacancies in special schools. It is also useful for children confined to home or hospital for the duration of their illness or incapacity. Home teaching has, however, its limitations, in that the child is deprived of much of the broader benefits of schooling and it is therefore resorted to only as a temporary measure. If the child is so handicapped that this form of education might develop into a permanency then the correct placement is in a special school appropriate to the category of handicap.

### *Partially Sighted.*

Two children classified as partially sighted attend classes in ordinary schools. In each case the classification is border-line; one of the children in fact attended a special residential school for the partially sighted, and was discharged for trial in an ordinary school. Both receive sympathetic and supportive help from the teaching staff of the schools concerned and are doing well.

### *Partially Hearing.*

During the early part of the year a Peripatetic Teaching service for the Partially Hearing was started, based on the East Anglian special school. One of the teachers there was employed by this authority on a



part-time basis and undertook the responsibility for the general supervision of children in the town classified as partially hearing. This work includes visiting the various schools which the children attend, holding special sessions with the children for the purposes of auditory or speech training, and visiting the homes of the children to advise on any particular difficulties which may be present there. When recommended by the Consultant Otologist, commercial hearing aids are provided and maintained by the authority. There are also five speech trainers in use in the Borough, either placed permanently with those young children for the purposes of auditory training, or loaned in rotation to children who have already developed some speech. It is intended to expand this aspect of the work for the partially hearing next year by the formation of a special teaching unit at the East Anglian School.

### *Physically Handicapped.*

Six children classified as Physically Handicapped are maintained in the Borough. Two of these children have received home teaching during the year. One, a boy, is a severe asthmatic and only manages to attend school part-time. He is, however, of above average ability, and the limited home teaching which he receives is sufficient to make up for the time lost away from school. The other child, a girl, has had extensive operative treatment which necessitated prolonged convalescence in her own home. Of the four children who attend school, two are cases of spina bifida, one has a congenital heart defect with a right hemiplegia, and the fourth is a case of muscular dystrophy. These children are able to receive the benefit of a normal education because of the understanding and close co-operation which exists between the School Health Service and the teaching staff of the schools concerned.

### *Educationally Subnormal.*

The policy of educating this category of handicapped pupils in special classes in ordinary schools was continued. Admission to the classes was restricted to children who had been officially classified as educationally subnormal. The officially recommended maximum number of children in a special class for this category, is twenty. This has always been considered by this authority to be too high, and it is known that similar views are held by the Department of Education and Science although no amendment to the figure has yet been made. In this authority, for the 53 children in this category, there are 6 special classes; two in Junior schools and 4 in Senior schools. A further class is to be started next year in another Junior school when the new building is complete.

### *The Handicapped School Leaver.*

The aim of education of the handicapped child is to equip him to lead a satisfactory and remunerative life carrying out work according to his capacity. Before a handicapped child leaves school a report on

his case is sent to the Youth Employment Officer to assist him in finding suitable employment for the child. There are in the town a number of factories where routine work can be undertaken by handicapped people, and employers on the whole are co-operative and sympathetic, and a fair proportion of children are placed in suitable employment.

Reports on handicapped school leavers are sent also to the Chief Welfare Officer detailing the nature of the disability and advising on any assistance which may be required.

#### EAST ANGLIAN SCHOOL

The East Anglian Institution for Blind and Deaf Children was established in 1910 under a joint committee consisting of 7 contracting authorities, Cambridgeshire, East Suffolk, Essex, Isle of Ely and Norfolk County Councils and the Norwich and Great Yarmouth County Borough Councils. In 1959 a new agreement was reached under which the administration of the East Anglian School, as it is now named, was transferred to the Great Yarmouth County Borough Council, with a board of governors consisting of representatives from the 7 named authorities. The school now caters for Deaf and Partially sighted pupils providing 80 places for deaf children and 85 places for partially sighted children. During the year there were 9 admissions of deaf children and 19 of partially sighted children.

### VACCINATION AND IMMUNISATION

It is possible to protect the schoolchild against a range of diseases which in former years might have caused death or a disability. These include smallpox, diphtheria, whooping cough, tetanus, tuberculosis and poliomyelitis. The School Health Service has concentrated most of its attention against diphtheria, tuberculosis and poliomyelitis, although protection against the other diseases is readily available at the local health authority clinics.

#### DIPHTHERIA

The following table shows the number of children of school age who were immunised in this year and the previous three years.

	1964	1963	1962	1961
First immunisation	18	24	26	61
"Booster" doses	386	467	339	489

#### TUBERCULOSIS

B.C.G. vaccination is offered to all schoolchildren of thirteen years of age and upwards and to all students attending establishments of further education.



At the end of the year 601 children had had preliminary skin tests and 545 had been vaccinated. All the pupils who were found to have positive skin reactions were referred to the Chest Clinic, but none was found to have active tuberculosis. The department would like to record its appreciation of the assistance given by Heads of Schools in providing facilities for the B.C.G. teams who visit the schools.

**POLIOMYELITIS**

The report on poliomyelitis vaccination in the town is contained in the report of the Medical Officer of Health. In relation to schools it is to be recorded that every child entering a primary school is offered a fourth dose of polio vaccine, or a complete course if he has not been previously vaccinated. In all 642 children received their fourth dose of vaccine.

**TETANUS**

Tetanus immunisation is available for schoolchildren and a combined diphtheria-tetanus antigen is used as a “booster” dose for children who have previously been immunised against both diseases. It is pleasing to be able to report that a small but significant number of parents are now requesting immunisation against tetanus for those children who, by virtue of age, did not receive this immunisation in the form of “Triple Antigen”.

**INFECTIOUS DISEASES**

The following table shows the number of notified cases of infectious diseases in children of school age during 1964 and also in the four previous years.

	1960	1961	1962	1963	1964
Scarlet fever	5	7	—	—	17
Diphtheria	—	—	—	—	—
Measles	121	167	256	99	77
Whooping cough	3	12	6	6	5
Pneumonia	—	—	—	—	—
Poliomyelitis	—	—	—	—	—
Dysentery	26	14	2	—	—
Encephalitis	—	—	—	—	—
Food poisoning	2	1	—	1	—
Tuberculosis, respiratory	1	—	—	1	—
Tuberculosis, other	1	—	—	—	—
Jaundice	28	9	20	—	3



The general incidence of infectious disease was again low. There were no cases of Tuberculosis. Diphtheria and Poliomyelitis were absent as a result of the immunisation and whooping cough figures were low for the same reason. The local measles incidence does not follow the national pattern of large and small epidemics in alternate years. This feature is illustrated more fully in the report of the Medical Officer of Health.

### DEATHS OF SCHOOLCHILDREN

There were three deaths of school children. One was due to a tumour of the brain, one was due to a tumour of the fibula, and one was the result of a motor accident.

### INFESTATION WITH VERMIN

The arrangements for conducting the periodic surveys for infestation were continued as in the previous year. Where infestation was detected the children were excluded from school and suitable medicaments were supplied by the Minor Ailments Clinics. Since many cases of infestation and re-infestation are produced by home contact with an infested older person, the close co-operation between school nurse and parents remains essential. To this end the issuing of the notices was discontinued, the nurses finding that the informal friendly approach to the parents proved to be more effective.

The following is a statistical survey of the work :—

Total number of examinations in the school by	
school nurses or other authorised persons ...	13,090
Total number of individual pupils found to be infested	166

The following table shows, over the past 8 years, the number of children and percentage of the school population found to be infested. It will be noted that there is a sharp rise in the number of children found to have infested heads. The percentage has, in fact, doubled, and one wonders whether this is in any way related to the hair styles which the younger people now affect.

1957	132	1.4%
1958	133	1.4%
1959	140	1.5%
1960	134	1.4%
1961	87	0.9%
1962	103	1.1%
1963	85	0.9%
1964	166	1.9%

## SCHOOL DENTAL SERVICE

B. C. CLAY, L.D.S., R.C.S., *Principal School Dental Officer*

The Principal School Dental Officer reports as follows :—

With the appointment of a Dental Auxiliary in September the staffing position shows a considerable improvement, though due to the necessity for supervision and extra inspection by the Dental Officer the improvement is not as great as might be expected. However it was possible to inspect about eighty per cent of the school population. The ratio of those requiring treatment remains fairly constant at fifty-five per cent and of these sixty-three per cent received treatment at the Clinics. The small increase over 1963 is probably accounted for by the Dental Auxiliary's work for four months. The attendances show an increase of about eleven per cent and the ratio of fillings to extractions shows a good improvement. This, together with the drop in dentures provided, would seem to indicate a greater awareness of the need for care and attention to children's teeth amongst the parents. At school inspections it has been noticed also that more and more children now show evidence of fillings rather than extractions being done by private practitioners. There is also a much greater desire to preserve the temporary dentition.

A difficulty to be surmounted next year arises from those parents who request appointments for inspection every 4-6 months. It is not considered desirable to suppress this type of keenness though it does interfere with the routine work at the Clinics. However, it is thought that, provided routine inspections can be made at intervals of not more than twelve months, most of these extra inspections can be gradually 'lost'.

The Ministry of Education tables which are quoted below summarize the work of the service.

### *Dental and Orthodontic work.*

1. Number of pupils inspected by the Authority's Dental Officers :—					
(a) At periodic inspections	...	...	...	...	4257
(b) As specials	...	...	...	...	2778
					<hr/>
Total					7035
<hr/>					
2. Number found to require treatment	...	...	...	...	3858
3. Number offered treatment	...	...	...	...	3575
4. Number actually treated	...	...	...	...	2429

### *Dental work other than orthodontic.*

5. Number of attendances made by pupils for treatment, excluding those recorded at heading 11(h)	...	...	5653
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6.	Half days devoted to :—						
	Periodic (school) inspection	...	...	...	...		34
	Treatment	...	...	...	...	...	675
						Total	709
7.	Fillings :—						
	Permanent teeth	...	...	...	...	...	2136
	Temporary teeth	...	...	...	...	...	583
						Total	2719
8.	Number of teeth filled :—						
	Permanent teeth	...	...	...	...	...	1974
	Temporary teeth	...	...	...	...	...	559
						Total	2533
9.	Extractions :—						
	Permanent teeth	...	...	...	...	...	587
	Temporary teeth	...	...	...	...	...	1302
						Total	1889
10.	Administration of general anaesthetics for extraction	...					643
11.	Orthodontics :—						
	(a) Cases commenced during the year	...	...	...			75
	(b) Cases carried forward from previous years	...	...				41
	(c) Cases completed during the year	...	...	...			34
	(d) Cases discontinued during the year	...	...	...			13
	(e) Pupils treated with appliances	...	...	...			93
	(f) Removable appliances fitted	...	...	...	...		145
	(g) Fixed appliances fitted	...	...	...	...		7
	(h) Total attendances	...	...	...	...	...	996
	(i) Half days devoted to orthodontic work equivalent to						86
12.	Number of pupils supplied with artificial dentures	...					20
13.	Other operations :—						
	Crowns	...	...	...	...	...	5
	Other treatment	...	...	...	...	...	2212



## PROVISION OF MILK AND MEALS

### MILK

Milk in one-third pint bottles was available free of cost to all pupils in maintained and independent schools. The percentage of pupils in the borough who accepted their free supply of school milk was 81.9%, the percentages in the various schools ranging between 44 and 100.

### MEALS

Mid-day meals were available for all pupils in maintained schools. The 32 dining centres were supplied from eleven kitchens. The following table summarises the position for the financial year 1963-64 with figures for comparison for the two previous years.

	1961-62	1962-63	1963-64
Total number of meals provided	743,731	746,514	772,114
Percentage of children having meals	39.6%	42.46%	48.13%
Daily average number of free meals	597	619	692
Daily average number of meals on payment	3,219	3,308	3,367
Total daily averages	3,816	3,927	4,059

## EMPLOYMENT OF SCHOOLCHILDREN

As a requirement of the Byelaws of the Borough and of the Children and Young Persons Act 1933, children who are of school age and who undertake part-time work must obtain a permit from the Local Education Authority and, before the permit is granted, the children must be examined by a school medical officer to determine whether or not the particular form of employment will be detrimental to the child's health and his or her capacity for receiving education.

The amount of work done by the department in this respect varies with the time of the year. The numbers to be examined rises rapidly with the advent of the summer season, both for children taking part-time employment in shops and for those engaged in certain public entertainments. Two hundred and seven children (including 24 for entertainment) were seen by the school medical officers during 1964. None was found unfit for the jobs in mind.

## YOUTH EMPLOYMENT

Confidential medical reports on both boys and girls when they leave school provide the Youth Employment Officer with information intended to help him to avoid placing children in employment for which they may be unsuitable. In addition to this function every local education authority must supply particulars of the school medical records and any other

information which may be required by appointed factory doctors for their confidential use but in practise little use is made of this provision.

## **MEDICAL EXAMINATION OF TEACHERS**

Medical examination of persons entering training colleges or the teaching profession were made in accordance with Ministry of Education circular 249 of 1952.

Fifty-one candidates for training colleges were examined during the year and 21 practising teachers were examined as to their fitness for employment by this authority. One teacher was examined on behalf of another authority.

## **SCHOOL HYGIENE**

### **PREVENTION OF FOOD POISONING**

The high standard of hygiene in the preparation and service of school meals and milk was again maintained during the year. No cases of food poisoning associated with the school meals service were notified. Routine inspections of kitchens and serveries carried out by the Public Health Inspectors showed that the facilities provided were generally adequate. Only a few minor points had to be brought to the attention of the Borough Architect.

Sources of school milk were approved by the Medical Officer of Health and were supplied as milk pasteurised at local dairies in accordance with the provisions of the Milk and Dairies Regulations. Twelve samples of school milk were taken for bacteriological examination and all of these passed the prescribed tests. Four further samples of milk were taken for routine chemical analysis and all these complied with the standards for fats and non-fatty solids. Three of these four samples were found to be free from antibiotics but the fourth contained a trace of penicillin (0.1 I.U.), but efforts to trace the offending farmer were unsuccessful.

Seven complaints of foreign bodies inside milk bottles, such as "milk tops, sweet paper, and dirt" were received from schools during the year. Although in some cases there was some doubt as to how the object entered the bottle, each complaint was investigated and discussed with the dairyman concerned. One of the results has been a much stricter supervision of the condition of returned empty milk bottles.

Food supplies were examined for fitness and quality and were found to be satisfactory.

### **SCHOOL SANITATION.**

Routine inspections of all the schools in the County Borough were carried out by Public Health Inspectors, and apart from some minor improvements to sanitary accommodation, brought to the attention of the Borough Architect, the general standard of sanitation was found to be satisfactory.





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